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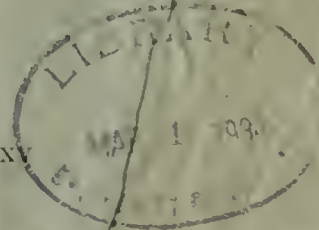
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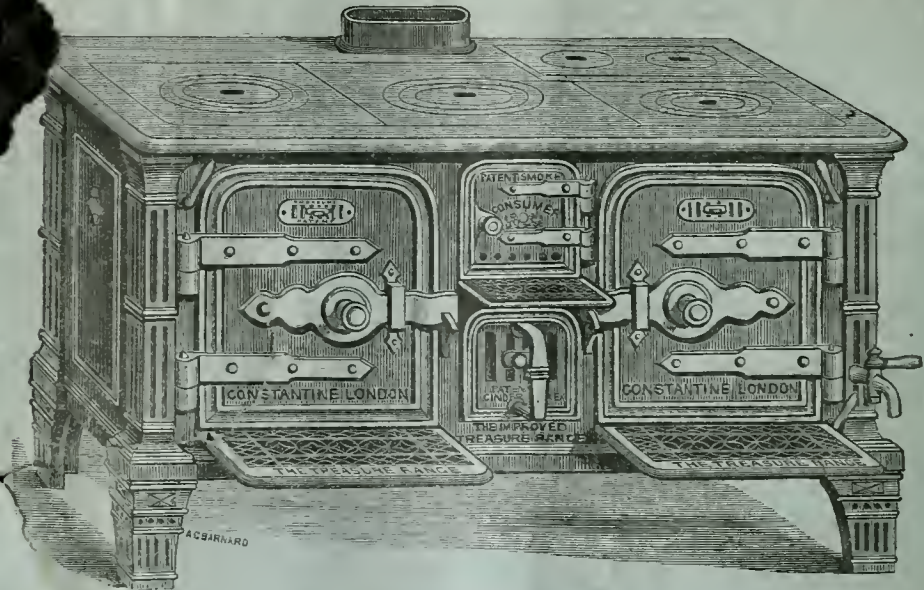
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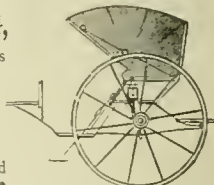
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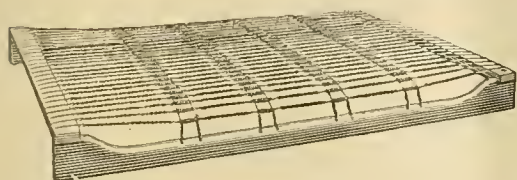
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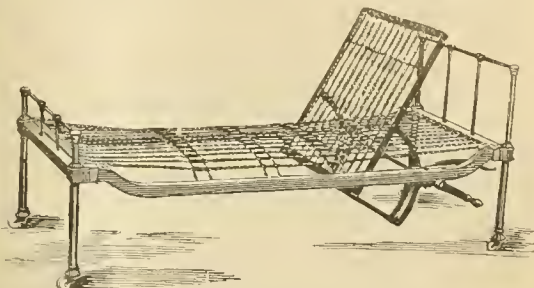


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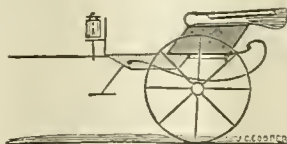
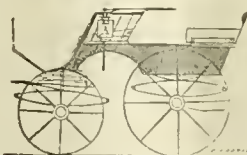
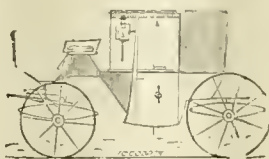
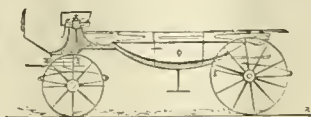
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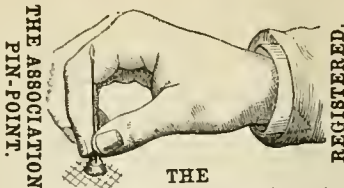
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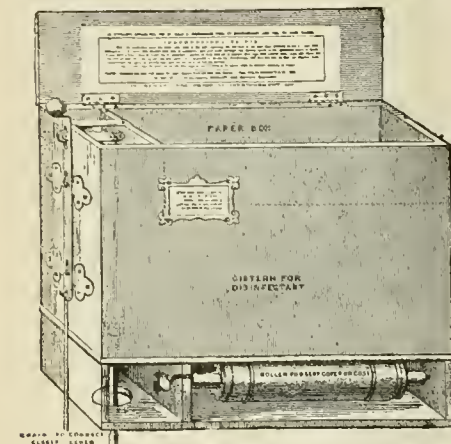
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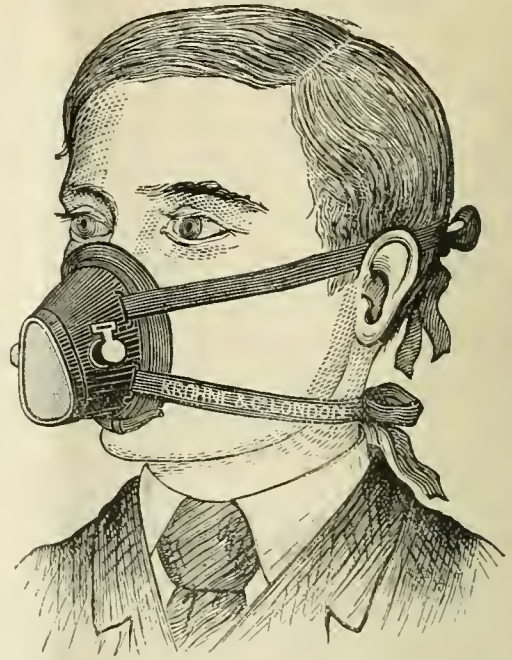
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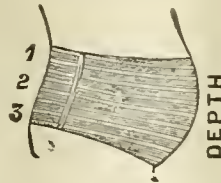
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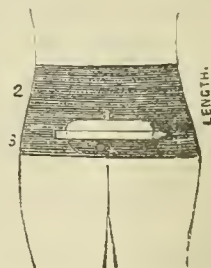


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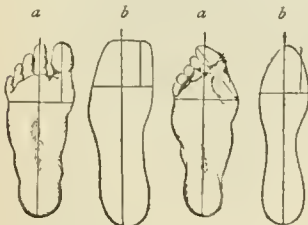


FIG. 1.

FIG. 2.

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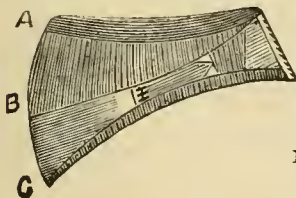
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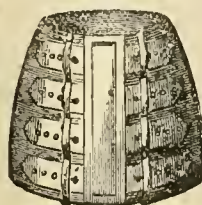


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'GEO. C. SEARLE.'

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THE LONDON MEDICAL RECORD.

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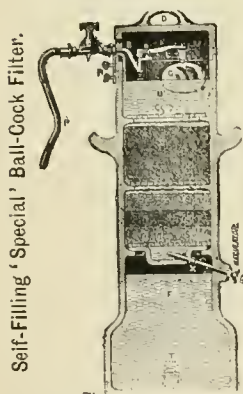
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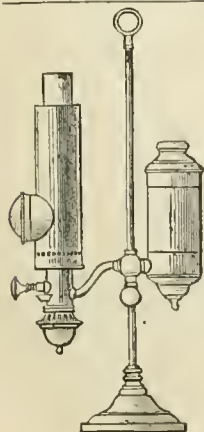
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The London Medical Record.

SCHMIEDEBERG ON DIGITALIN.

THE action of the pharmacological group of substances to which digitalin belongs has, perhaps, been more widely and more accurately investigated than that of any other group in the *materia medica*. This is not difficult to understand, since the action of digitalin upon the heart is apparent, and its application in the treatment of heart-disease universal.

It is little more than a hundred years since the value of digitalis as a remedy for heart-disease was discovered by Withering, of Birmingham, who observed that, besides alleviating the symptoms of the disease, it diminished the rate of the pulse. Beddoes, a few years later, was the first to remark that digitalis increased the strength of the circulation, probably by augmenting the contractility of the cardiac muscular fibre. It is pleasing to our national pride to know that yet another native of Britain, Blake, of Edinburgh, first discovered, by means of experiments on dogs with a hæmadynamometer, that an infusion of digitalis distinctly increased the pressure of the blood. Since that time many physicians and physiologists, both in this and other countries, have endeavoured to ascertain with greater precision the action of digitalis, and particularly its action on the heart. Among these the names of Mossman, Kinglake, Ferrier, Schiemann, Brodie, Hoffa and Ludwig, Lenz, Briquet, Traube, Bezold, Marmé, Vulpian, Dybowski and Pelikan, Fraser, Brunton, Ackermann, Boehm, Roy, and Williams, may be mentioned; but to none of these are we more indebted than to Professor Schmiedeberg, of Strasburg, the author of the paper now under consideration (*Archiv für Exper. Patholog. und Pharmacolog.*, Bd. xvi., S. 149). It is to Schmiedeberg that we owe the first accurate chemical investigation of the active principles of digitalis, and it is from him also that we have received, perhaps, the most excellent monograph that has as yet been written on the action of digitalin on the cardiac muscle (*Beiträge zur Anat. und Phys. : Festgabe an C. Ludwig*. Leipzig, 1874); further, it has been under his direct supervision, or at his instigation, that many of the most valuable of recent papers on the action of digitalin, and on the separation of active principles akin to digitalin, have been elaborated. His present communication is a valuable critical digest of all that is up to this time known regarding this important subject.

It is probably not very widely known that many substances besides digitalin possess an exactly similar action on the heart; some of which, indeed, would be preferable to digitalin on account of greater solubility and other characters, were it not that the expense of their chemical separation, or the trouble of procuring the drug in which they exist, is so great as practically to exclude their use from general practice. As these objections may, however, be overcome, it is desirable to mention the various substances which have been proved to possess the action of digitalin. They are all of them nitrogen-free, and in no case are they acids. Schmiedeberg arranges them thus:—

I. CRYSTALLISABLE GLUCOSIDES.—1. *Digitalin*, very sparingly soluble in water; prepared from the leaves and fruit of *Digitalis purpurea*. 2. *Antiarin*, sparingly soluble in water; from *Upas antiar*, the milk-juice of *Antiaris toxicaria*. 3. *Helleborein*, freely soluble in water; from the root of *Helleborus niger*, *viridis* and *fætidus*. 4. *Euonymin*, sparingly soluble in water; from a resinoid of the same name prepared from *Euonymus atropurpureus*. 5. *Thevetin*, soluble in 124 parts of water; from the seeds of *Thevetia nereifolia* and of *Cerbera odallam*.

II. NOT GLUCOSIDES, IN PART CRYSTALLINE.—6. *Digitoxin*, quite insoluble in water; from the leaves of *Digitalis purpurea*. 7. *Strophantidin*, soluble in water; in the Kombé arrow-poison of West Africa obtained from *Strophantus hispidus*. 8. *Apocynin*, almost quite insoluble in water; from the root of *Apocynum cannabinum*.

III. GLUCOSIDES, NON-CRYSTALLISABLE, AND VERY SPARINGLY SOLUBLE IN WATER.—9. *Scillain*; from the bulb of *Urginea scilla*. 10. *Adonidin*; from *Adonis vernalis*. 11. *Oleandrin*; from the leaves of *Nerium oleander*.

IV. AMORPHOUS GLUCOSIDES, VERY SOLUBLE IN WATER, AND RESEMBLING SAPONIN.—12. *Digitalein*; from the fruit and probably other parts of *Digitalis purpurea*. 13. *Nerinin*, probably identical with digitalein; from the leaves of *Nerium oleander*. 14. *Apocynin*; from the root of *Apocynum cannabinum*. 15. *Convallamarin*, very like digitalein; from *Convallaria majalis*.

V. PARTS OF VARIOUS PLANTS, NOT YET PRECISELY INVESTIGATED.—16. *Tanghinia venenifera*; its fruit. 17. *Neriodorin* and *neriodorein*; from the bark of *Nerium odorum*. 18. *Upas of Singapore*, which contains, besides a strychnaceous principle, a principle which acts like antiarin.

VI. SUBSTANCES WHICH, BESIDES OTHER ACTIONS, POSSESS THE ACTION OF DIGITALIN.—19. *Erythrophlein*, freely soluble in water; from sassy bark, or the bark of *erythrophileum guineense*. 20. *Phrynin*; from the glandular secretion and dried skin of the toad (*bufo viridis* and *bufo cinereus*).

It will thus be seen that the substances possessing the digitalin action are by no means few. On account of its great solubility, and its consequent rapid absorption and probable rapid elimination, Schmiedeberg prefers helleborein to all the others, including digitalin itself. This principle is procurable from Merck, of Darmstadt, but has as yet been little tried in therapeutics; it is, therefore, very desirable that some experiments be made with it as a substitute for digitalin in the treatment of heart-disease. Antiarin and thevetin are probably the next most valuable principles; but they are at present difficult to obtain, on account of the scarcity of the drugs from which they are prepared. Erythrophlein, which has only recently been separated by Harnack, may prove by careful clinical testing to be an efficient digitaloid, and it has the advantage of being more easily procurable than the last two. Among the active constituents of digitalis itself, digitoxin, by reason of its insolubility in water, is of no use. It ought to be borne in mind that digitoxin and the other more insoluble principles of this group produce violent local phlegmonous inflammation when injected subcutaneously, even in minute doses. Digitalin and digitalein are extremely difficult to separate in a pure state, and are therefore very costly. The so-called digitalin of Homolle and Quvenne and of Nativelle is an impure mixture of all the active

principles of digitalis, and contains same digitaliresin or toxiresin. Scillain and adonidin occur in so small a proportion in the crude drugs, that their price places them beyond the bounds of common use, otherwise they are well adapted for internal administration; as are also euonymin and strophantin, if they can be obtained in sufficient quantity. The amorphous character of convallamarin and apocynin, like that of digitalein, must greatly impede their absorption, and hence these substances can scarcely be recommended. Oleandrin and apocynin are both of them easily and abundantly procurable from the plants in which they exist, and their characters are such as to render them at least worthy of trial.

In instituting clinical experiments with these substances, it will be advisable to begin with helleborein and erythrophlein, as both of these are at present to be met with in commerce. Experiments with oleandrin, apocynin, thevetin, and others may follow. Such experiments are almost absolutely necessary, as, owing to the comparatively slow absorption of the active principles of digitalis, the sole remedy of its kind in present use, and their similarly slow elimination, the principles are apt to accumulate in the blood, particularly if the function of the kidneys be impaired, and may thus exercise their toxic effect. Cases of death resulting from the cumulative action of digitalis are by no means rare, and this action has doubtless been the cause of death in many cases of heart-disease where it was supposed that death was due to the diseased organ.

The physiological action of digitalin, and that of the other members of this group, are so strictly alike in so far as the heart is concerned, that, according to Schmiedeberg, they may be considered to be identical. This action is conveniently known as the digitalin action. In earlier times investigated entirely by the administration of digitalis, it has recently been examined by the use of digitalin, and particularly of the more soluble principles, as helleborein. Apart from the unsatisfactory observation of the digitalin action on man, it has been most minutely investigated in the exposed heart of the frog, *in situ* or isolated, and by blood-pressure experiments on rabbits, dogs, and other animals. Its progressive effect on the frog's heart is resolved by Schmiedeberg into four stages.

1. Increase of the volume of the pulse with longer duration of the diastole, and without any change of the absolute power of the heart.

2. Irregular, so-called peristaltic, movements of the heart, due to the fact that all portions of the cardiac muscle are not equally affected by the digitalin. This stage is a combination of the previous stage with the third.

3. Arrestment of the ventricle in systole, soon followed by a similar stoppage of the auricle. Mechanical distension of the ventricle by the pressure of a fluid gives rise to regular, powerful, cardiac contractions, which continue so long as the pressure is maintained, but cease immediately on the pressure being removed, the heart again stopping in systole.

4. Finally, there is complete paralysis of the heart. On being distended under pressure, the heart does not now pulsate, although it resumes its systolic position on withdrawal of the pressure.

The stoppage of the heart in systole is believed by Schmiedeberg to be due to a change in the condition of the elasticity (*Elasticitätszustand*) of the muscle. The normal elasticity of the muscle is such, that after

the cessation of an active contraction or pulsation of the heart, the heart resumes the diastolic position. Under the influence of digitalin the heart loses its elasticity, and its power, therefore, to return to diastole after systole, and remains in the systolic position, unless it be forcibly distended, when it may resume pulsating, as mentioned in the third stage.

In order to produce the systolic stoppage of the heart it is not necessary, says Schmiedeberg, to assume that there is a change in the contractility of the muscle. The change in its elasticity will sufficiently account for it; and it is probably brought about by the entrance of the molecules of digitalin into the molecules of the substance of the muscular fibre, disturbing their arrangement and action, as would a stone dropped among the wheels of an ordinary machine.

The symptoms of the digitalin action in frogs connected with systems other than the circulatory—as, for example, paralysis of the principal nerve-centres—Schmiedeberg believes to be entirely due to the disturbance of the circulation. According to Koppe, however, digitoxin directly paralyses the muscles of the skeleton.

The digitalin action as observed in the mammalia has been confined, by those who have investigated it, mainly to noticing its effect on the frequency of the pulse, and on the blood-pressure. The results of the observations thus made are summarised and arranged by Schmiedeberg in the following four consecutive stages:—

1. Increase of the arterial blood-pressure, not necessarily accompanied by diminution of the pulse-rate;

2. Continuation of the increased blood-pressure, along with an abnormally rapid pulse-rate;

3. Blood-pressure still high, but great irregularity of the heart's action, and an irregular pulse-rate;

4. Rapid fall of the blood-pressure, sudden stoppage of the heart, and death of the animal.

The increased arterial blood-pressure is due to the action of digitalin on the heart, and not to the digitalin having produced contraction of the smaller blood-vessels; this, both Boehm and Williams have experimentally established.

This is a summary of the action of chemically pure digitalin or its congeners; and it may be asked—Does it represent the whole action of digitalis? Are there not other constituents of a different kind present in digitalis, which exert a beneficial therapeutic influence in the treatment of heart-disease? There are, indeed, other active substances present, but it is the opinion of Schmiedeberg that it is highly improbable, from the small proportion in which they exist, that they share to any appreciable extent in promoting the therapeutic effect of digitalis. These substances are digitonin, digitaliresin, and toxiresin. The last two are probably decomposition products of digitalin, digitalein, and digitoxin; and it is possible that, by stimulating the central origin of the vaso-motor nerves and the inhibitory fibres of the vagi, they slightly assist in raising the blood-pressure by contraction of the arterioles and in slowing the pulse. Digitonin has an action resembling that of saponin or picrotoxin, but it is present in too small quantity to greatly affect the main action of digitalis.

The first stage of the pure digitalin action on the heart—the increase of the blood-pressure with the consequent retardation of the pulse—is that alone which is of service therapeutically. In this stage

according to Schmiedeberg, perhaps the sole action of the digitalin is to raise the blood-pressure, the other effects, as the diminished pulse-rate, being merely the result of this increase of the pressure stimulating the central origin of the inhibitory fibres of the vagi, and it may be, also their peripheral terminations. Boehm, experimenting with commercial digitalin, found that it slightly increased the excitability of the inhibitory apparatus of the heart; but it is doubtful whether pure digitalin exerts the same action. At present, also, it has not been with certainty ascertained whether in the later stages of the digitalin action the increased pulse-rate is due to a direct paralysis of the cardiac inhibitory apparatus, or to exhaustion or overtiring of it. In any case, says the author, the rise of the blood-pressure is perfectly independent of the changes in the pulse-rate, and it is highly probable that the latter play no part in the treatment of disease with digitalis.

We possess, therefore, says Schmiedeberg, in the digitalin group of substances, suitable means for producing an increase of the arterial blood-pressure unaccompanied by particular danger to life, which increase is not dependent on contraction of the arterioles but on the arteries being more strongly filled through an alteration of the activity of the heart. What the precise nature of this alteration is, the author does not define, beyond stating, as I have already mentioned, that digitalin appears to diminish the elasticity of the cardiac muscle. If one may judge from his expressing no positive opinion about it, he evidently attaches little importance to the general belief that digitalin directly stimulates the contractility of the muscle.

In the therapeutical application of digitalis to heart-disease, the rational indication for its use lies, therefore, in an insufficient filling of the arteries from a derangement of the valves of the heart, with a consequent venous stagnation. Digitalis increases the diminished arterial pressure, and removes the venous stagnation, and thereby causes the immediate and remote results of these to disappear; namely, the disturbances in the secretion of urine, the effects on the lungs, and the dropsy.

In addition to the employment of digitalis in heart-disease, the advantage of its action in other diseases where there is an abnormal distribution of the blood in the arteries and the veins, particularly of the pulmonary circulation, has received attention. When, for example, on account of hepatisation and other pathological dangers in the lung-substance the pulmonary vessels become impermeable, the increased arterial pressure resulting from the administration of digitalis drives the excess of blood out of the lungs, and thus, according to Schmiedeberg, exercises a good effect on the diseased tissue by producing a relative anæmia. Among the lung-diseases most frequently treated with digitalis are pneumonia and phthisis. Its action in the former has often been declared to be beneficial, and it is even stated that in many cases it lowers the temperature of the accompanying fever. Its antipyretic action is, in the author's opinion, probably due to the alteration of the circulation of the blood affecting the tissue-metamorphosis and the production of heat.

The use of digitalis in pulmonary phthisis was strongly recommended by Beddoes, who believed that it was as much a specific for phthisis as cinchona bark was for ague. Although the experience of later physicians has shown that Beddoes claimed far too much for digitalis, Schmiedeberg believes

that in some cases of phthisis digitalis may be possibly beneficial, on account of its increasing the arterial pressure in the lungs, particularly where the individual is young and exhibits a tendency to congestion of the lung and hæmoptysis.

MATTHEW HAY, M.D.

DREYFUS-BRISSAC ON ANTISEPTICS IN ENTERIC FEVER.

IN the *Gazette Hebdomadaire de Médecine et de Chirurgie* of Nov. 3 last, M. Dreyfus-Brissac says that carbolic acid, carbolate of soda, salicylate of soda, and bismuth, have no specific action like that of mercury in syphilis, in enteric fever. This is the testimony of almost all the advocates of these means of treatment, and it is easy, M. Dreyfus-Brissac says, to understand how this should be so. Whether the source of the poisoning of the body be the intestine, the blood, or the nervous system, owing to the insidious nature of its early manifestations the whole body must be affected before medicinal treatment could begin. 'It is not only in the intestine, but still more in the blood, in all the fluids, in all the tissues, that it would be necessary to neutralise the virulent substance or infective agent. It is not thus possible, as some have tried in recent times, to liken enteric fever, from the therapeutic point of view, to an intestinal wound, and to see in washing out the digestive passages the essential element of treatment. It would be necessary to infiltrate all the tissues and all the fluids with the antidote, not merely to cleanse the intestinal ulcers with it. Moreover, owing to the poisonous action of the substances mentioned in relatively feeble doses, and to the rapidity with which they are eliminated by the kidneys, they do not fulfil in any way the conditions of an anti-infectious treatment, a statement which has received striking confirmation from clinical experience. It is quite true, as we shall see later on, that by means of carbolic acid or salicylate of soda certain distressing phenomena of fever may be moderated, or even for a time be made to disappear, and thus a better face, so to speak, be given to the disease; but the disease itself continues unmodified. In spite of the treatment, it runs its course, not only without interruption, but without appreciable change of form. If the fever be characterised by great debility, or by great irregularity, both remain unaffected by the antiseptic treatment. Les parasitiques sont impuissants à conjurer les complications qui dérivent directement de l'infection, à prévenir les déterminations anormales du germe typhoïdique sur le système nerveux et les viscères, comme les poulmons ou le cœur.'

Whilst, however, M. Dreyfus-Brissac does not think that antiseptics modify in any material degree the course of an enteric fever, he does not think that they are wholly useless. He points out that they have a decided influence on the febrile condition, usually the most prominent feature of the disease, and the one which most frequently determines the result. He tells us that until quite recently digitalis and cold baths were almost the only means at our disposal for the reduction of temperature, and that the one was dangerous in cases attended by great heart-weakness, and the other in cases complicated by affections of the lungs. He thinks, therefore, that remedial measures which would fulfil the antipyretic indications without incurring these risks

would be a decided advantage. He selects two for consideration—carbolic acid and salicylate of soda—because it is of these only that precise information exists.

Carbolic acid has been given in the form of a potion, in pills, by hypodermic injection, and by injection into the rectum in doses of about 8, 12, and 16 grains. The last mode of administration is the only practical mode; 'C'est le seul que nous ayons expérimenté d'une manière suivie.' An enema containing 8 to 12 grains of carbolic acid (50 to 75 centigrammes) produces a rapid fall of temperature of about 2° or 3° Fahr., which may be maintained several days and nights by giving daily two or three enemata. But the risk is very great. 'Not to speak of idiosyncrasy, in virtue of which useful doses are borne badly, or of collapse, of which one has perhaps exaggerated the frequency and the severity, can we be quite sure that we have not contributed to the reaction which follows, often very closely, bringing with it more or less violent shivering, rapid rise of temperature to its former height, and congestion of deep-seated organs, particularly the lungs? For another reason, the carbolic acid treatment is objectionable. It requires an amount of supervision unattainable outside a hospital. Among some patients, who, at the commencement, bear the acid treatment well, it produces after some days a very unusual fall of temperature, 5½° or 7° Fahr., and as the reaction is in proportion to the fall, the temperature rises in some hours to a greater height than before.'

From this, M. Dreyfus-Brissac concludes that carbolic acid is useful only in exceptional cases. He recommends it in the form of a cold enema in doses of about 4½ grains (30 centigrammes), in which form its action is chiefly that of a disinfectant on the intestinal contents. As an antiputrid, he prefers charcoal, which may be given in large doses (not mentioned), and which is preferable both because of its absorbing properties and of its action on abdominal meteorism.

Salicylate of soda is much less active, but also less violent, and it admits of much easier management. Employed daily in doses of about 90 or 120 grains (6 or 8 grammes), it determines in from twenty-four to forty-eight hours an appreciable fall of temperature, and consequent marked feeling of comfort. It is always well borne, better even in enteric than in rheumatic fever, and it may be administered for some days without inconvenience. It is indicated in cases of enteric fever, in which the temperature is slowly but continuously rising, when one has not to deal at once with a very high temperature, which is an immediate source of danger. When it is necessary to act quickly and vigorously, it should not be used. In every case the urine should be examined first, because if there be appreciable kidney-change it is contra-indicated. M. Dreyfus-Brissac concludes that it is as moderators of the fever that the salicylates are useful, and he doubts if they be preferable to sulphate of quinine. In doses of from 20 to 30 grains divided into three, given at intervals of ten minutes, sulphate of quinine produces as rapid a fall of temperature and a relative defervescence, which continues for from twenty-four to thirty-six hours, as carbolic acid, without the reaction which carbolic poisoning produces. In cases of gastric intolerance, injections of hydrobromate of quinine may give better results than enemata of sulphate of quinine.

M. Dreyfus-Brissac has apparently little faith in

the antipyretic treatment. 'If,' he says, 'we have dwelt upon the antipyretic treatment, it is because it is the order of the day, not because we think it generally applicable. To see in fever, however moderate it may be, an enemy which it is necessary to fight without intermission; to direct against it all one's efforts; to wish to modify the natural course of the pyrexia at any price, is a tendency which cannot be too much discouraged. By treatment of this kind one is liable to neglect all the other indications, and to be led by slight and transient remissions of temperature into the belief in a real, when there is only an apparent, convalescence. Perhaps the abuse of these strongly acting medicines, absolutely irrational in cases of moderate intensity, explains the well-known frequency during the present epidemic of relapses; relapses, too, which, contrary to rule, are often really serious.'

M. Dreyfus-Brissac believes that the characteristic feature of enteric fever is debility (presumably in severe cases), and that this is to be met by tonics and nourishment. The waste products which accumulate in the body, whether from parasitic impregnation or from febrile action, should be eliminated; and for this purpose there are two organs to be acted upon—the kidney and the intestine. Laxatives and purgatives should, therefore, be used (presumably cautiously), but, above all, diuretics. The kidney is, *par excellence*, the excremental organ. The urine, said Vieussens, is the purifier of the blood, and biological chemistry confirms daily the accuracy of the definition. 'L'expérience montre que, plus un typhoïdique urine, moins il est exposé aux complications secondaires, moins sa convalescence sera lente et torpide.'

Nothing is easier to fulfil than this indication by giving abundance of milk, which is nourishing, readily assimilative, and diuretic. To this may be added enemata of cold water, which are useful in cleansing the intestine, in lowering, if slightly, the temperature, and in favouring the diuresis.

There is nothing new in this; but when one sees from so many different sides modes of treatment extolled which are directed to but one of the factors of the morbid process, one fears that, in attaching too absolute a value to these, practitioners may lose sight of the dietetic rules which should govern the treatment, or, better, the hygiene of enteric fever. To support the patient by furnishing his tissues with the materials for their repair, and to favour the elimination of the products of denutrition, are the principles which ought to guide the treatment of enteric fever. Active medical treatment is only necessary when the disease puts on an anomalous form, or when some serious complication arises.

ALEX. COLLIE, M.D.

NOTHNAGEL ON THE NERVE-CENTRES OF THIRST.

UNDER this title Nothnagel (Virchow's *Archiv*, Vol. xxxvi., p. 435) gives the history of a case which seems to throw light upon the localisation of the seat of the sensation of thirst, and goes further to enlarge our ideas of the relations of certain pathological processes that have for their prominent symptom an inordinate desire for fluid.

The history is as follows.

A groom was kicked in the abdomen by a horse, and fell, striking the back of his head. Although

stunned, he did not lose consciousness, nor was there any vomiting. Within half an hour from the time of the accident he commenced to have extreme thirst, and within the next three hours (at the end of which time he entered the hospital) he drank three litres of wine and beer. The first micturition followed two and a half hours after the time of the accident. At the time of entrance, the pulse and temperature were normal, and continued so. The pupils were much contracted, but reacted to light. Pain in the back of the head, increased upon pressure, was the prominent symptom, which, however, lasted but a few days. His thirst was intense, and this persisted during his stay of eighteen days in the hospital. The amount of fluid taken varied from 2,000 ccm. to 18,500 ccm., and the urine from 1,100 ccm. to 13,500 ccm. in twenty-four hours; the specific gravity of the latter varying between 1020 and 1001.

The author thinks that this is an unquestionable case of true primary polydipsia, as the thirst was the first symptom noticed, the first passage of urine not taking place until two hours after this, and when a large quantity of fluid had been taken.

Aside from the injury, there was nothing in the case, as fever, diarrhoea, or vomiting, which would cause this thirst.

The nature of the injury excludes the possibility of an excitation of the peripheral ends of the nerves of the palate and fauces, which is considered by many as the cause of thirst, but points directly to a central disturbance. There were but two symptoms in the case, however, which could aid in more closely locating this 'thirst-centre'—namely, the myosis and the severe pain in the occipital region and neck. In regard to these it must be said, that although the former is found with lesions of various localities of the brain, still it is especially noticed in disease of the posterior parts, notably of the pons Varolii and medulla. As far as the pain is of value, it certainly points to the same region rather than to the frontal or temporal. Further, in support of this is the analogy of the sensation of the necessity for air (*Lufthunger*) which can occur in the course of disease of the medulla without the lungs being affected in any way. Moreover, allowing that the excitation of the peripheral nerves can produce this sensation, we must imagine this irritation conducted towards the centre, and finally reaching a certain point—namely, their origin, from whence it arrives at that part of the brain where the perception is appreciated. *A priori*, therefore, there appears to be no physiological difficulty why the first central station could not be excited directly, as well as in the case of the breathing centre.

The case is especially interesting from a pathological point of view upon the question of diabetes insipidus. At the present time, nearly all acknowledge that this disease stands in the closest relations with disease of the nervous system, and has nothing to do with general disease or with that of the kidneys. The greater number think that in diabetes insipidus the polyuria is the first symptom, produced by a disturbance of the innervation of the kidneys, and the polydipsia the secondary. In most of the cases hitherto described it is impossible to determine which of the two made its appearance first, from the fact that they do not come under observation until long after the commencement of the trouble, when the exact primary sequence is shrouded in doubt. There is no doubt here; and as far as a single case

can go, it supports the possibility that in other cases, with a similar ætiological factor, the polydipsia is to be considered as the primary trouble.

Further, we are placed in the position to determine the relations of the urinary secretion in a case of this sort. In this connection, the following facts are to be noted. 1. The secretion of urine was always less than the amount of fluid ingested, often to a considerable extent. 2. The perspiration was in no way diminished; on the contrary, was increased by an extreme amount of water. The surplus water appeared to be eliminated by the breath. 3. If the amount of fluid were restricted, the quantity of urine immediately sank, as in a healthy individual, even below the normal, showing that there is no withdrawal of water from the tissues.

PILCHER ON CARE OF THE TRACHEA AFTER INCISION FOR CROUP.

DR. LEWIS S. PILCHER, of Brooklyn, discusses in the *Annals of Anatomy and Surgery*, September 1882, the special conditions found in the trachea after its incision for the relief of croup.

The extent and character of the intratracheal exudations are, it is pointed out, amongst the most important conditions upon which the success of tracheotomy depends. Dr. Pilcher's personal experience as to the relative frequency of extensions of the exudation below the larynx has been derived from thirty-one cases of diphtheritic croup, in which the trachea had been opened. In eighteen of these, the exudation had not extended beyond the larynx at the time of the operation; and of these, in fourteen it remained limited as at first, but in four the exudation rapidly extended throughout the trachea to the smaller bronchi. The period after operation at which death supervened in these cases was quite uniform, having been thirty-two hours in three, and thirty-six hours in one case. In thirteen instances, the trachea (when it was incised) was found to contain already more or less membranous exudation. The large proportion of cases in which, according to his experience, the exudation remains limited to the larynx will (Dr. Pilcher states) be an encouragement to operate, although in too many cases it will be found that fatal results still accrue, notwithstanding the operation, from causes apart from the presence of the exudation in the trachea. The natural history of the intratracheal membranous exudation varies, it is stated, in different cases. In certain instances it speedily exfoliates in large masses, whilst in other cases the membrane gradually disintegrates, and is ejected in small shreddy portions, or disappears slowly, particle by particle, without any recognisable membranous flakes ever being present in the expectoration. The cases marked by a ready exfoliation are those in which the depth and intensity of the local disease is slight, and in which recovery may be anticipated, provided that the special dangers incident to the location of the deposit be overcome. In certain of these cases, at the very moment of the incision of the trachea, by the first violent expulsive efforts that follow, the loosened membrane is ejected through the opening; and from that moment the simplest precautions to prevent damage from extraneous influences will alone be necessary to secure unimpeded and speedy recovery. In those cases in which the detachment of the

exudation is delayed, and the loosened pieces of membrane, usually mingled with viscid mucus or muco-pus, cannot be readily expelled, suffocative crises are provoked that for a time seem to threaten the utmost peril, and, in many instances, when skilled assistance is not instantly rendered, may cause death. In any case where there has taken place a membranous exudation within the trachea below the point of incision, such a suffocative crisis is likely to suddenly arise at any time during the period of its exfoliation. The most important practical conclusions growing out of the relations of the membranous exudation in cases of tracheotomy for croup are thus briefly stated by Dr. Pilcher—(1) Whether the trachea is involved in the exudation or not cannot be determined with certainty in most cases previous to the incision of the trachea. (2) The continued presence of the exudation within the trachea after its incision is always a source of danger. (3) The proportion of cases in which the exudation exists within the trachea is so great, that every case in which there is any doubt should be treated as one of intratracheal exudation. (4) In every case in which operative relief is attempted, the operation should be planned and executed with the view of exposing and, as far as possible, removing an intratracheal exudation.

Dr. Pilcher is of opinion that in tracheotomy for croup the point of incision should be as low as possible; and he is satisfied, from his own experience, that few cases will be met with in which the opening of the trachea below the thyroid isthmus will not be perfectly practicable by methods of operation that will not fully satisfy the indications for the necessary after-management of the trachea. Two devices have enabled Dr. Pilcher to become nearly independent of assistants in the performance of tracheotomy, while at the same time they have greatly facilitated a deliberate rapidity in all its steps. The first of these is the little catch-forceps known as the hæmostatic forceps of Péan, by which all hæmorrhage may be controlled with facility, and which serves as an automatic retractor when fixed in the deeper parts of the incision and caused to fall outwards upon the side of the neck; the second device is a retractor for the tissues at the lower angle of the wound, terminating at one end in a sharp double hook, which is to be fixed in the integument over the sternum. Except in very urgent cases, where respiration is just on the point of ceasing, it is held necessary to arrest all hæmorrhage before incising the trachea. In cases in which the trachea is found to contain an exudation, in the process of exfoliating every effort should be made to secure its prompt removal by the introduction of feathers or small pieces of soft sponge grasped by slender curved forceps. Whenever, during the after-treatment, symptoms of obstruction develop, which are not speedily relieved by removal of the inner tube, or by the passage of a feather or forceps through the tube into the trachea, the whole tube should be removed and the needed intratracheal manipulations be performed through the naked aperture in the trachea.

The first thing in the treatment of catarrhal inflammation after tracheotomy is to insure that the air entering the trachea shall be warm, moist, and pure. To accomplish this it will not be necessary, Dr. Pilcher holds, that the temperature of the whole room should be elevated, nor that it should be filled with steam, and not even that the child should be

placed within a tent or tracheotomy cot, into which a cloud of steam is being continually introduced. Equal advantage, it is asserted, can be obtained from the almost constant application over the mouth of the tube of a moderately thin and broad slice of sponge disinfected and kept moist with warm water. Whenever difficulty is experienced by the patient in coughing out the tracheal secretions, inhalations of vapour, and instillations and injections of liquids, may be practised.

However perfectly bleeding may have been arrested before the trachea is opened, some hæmorrhage will follow the incision of the trachea, from the divided vessels of the tracheal mucous membrane. This flow usually soon ceases spontaneously, and the small quantity of blood that has been effused is readily coughed up. Occasionally, however, this internal hæmorrhage is persistent, and the author refers to two of his cases in which the continuous bleeding from the trachea demanded special care for its arrest.

In some remarks on pressure sores after tracheotomy, Dr. Pilcher states that the mere pressure of the cannula does not seem to be the only thing at fault in the development of ulcerations of the trachea, as the prolonged wearing of a cannula after tracheotomy in other conditions, and even in certain cases after croup, without unpleasant pressure-effects ever being experienced, is sufficient to prove. The vitality of a tissue which has been the seat of a diphtheritic exudation is impaired; there is a natural tendency to necrosis; the more intense the diphtheritic process, the greater the necrotic tendency. In such cases, the slight additional irritation afforded by the pressure of the cannula suffices to determine a slough. By far the most frequent seat of these ulcers is upon the anterior wall of the trachea, below the inferior angle of the tracheal wound, at a point corresponding to the lower end of the cannula. The most important symptoms which indicate the existence of ulceration are two—namely, the appearance of bloody streaks in the expectoration some days after the operation, and a black discoloration of the lower end of the tube. Dr. Pilcher thinks that, in cases where ulceration of the tracheal wall is thickened, the recommendation of Dr. H. A. Martin, of Boston, that the cannula should be dispensed with, and the edges of the tracheal incision be attached to the edges of the external wound, might well be adopted, if it should be found possible upon further trial to keep the tracheal aperture patent in this way.

Dr. Pilcher concludes this able contribution on tracheotomy with some remarks on necrosis of cartilages, inturned cartilages, and granulation vegetations.

W. JOHNSON SMITH.

SCHMIDT ON COW'S AND HUMAN MILK.

HAVING undertaken his experimental investigations in view of verifying Biedert's statements concerning the differences between human and cow's milk, Dr. T. Schmidt (*Moscow Inaug. Dissertation*, 1882) obtained highly remarkable results, which, if true, will occupy an important place in the literature of the subject, on account of both their theoretical and their practical significance. According to the generally accepted teachings of Biedert, the main difference between human and cow's milk consists in different

qualities of their respective caseins, their quantitative composition playing only a very subordinate part. Dr. Schmidt asserts that this view is radically incorrect, and points out, as a source of Biedert's errors, the fact that this observer operated on mixtures of various albuminous substances entering into the composition both of human and of cow's milk, but not on the pure casein. As the author's experiments and analyses show, there exists no qualitative difference whatever between the casein (as well as other proteinic bodies) of human milk and that of cow's milk; the difference in their respective behaviour to reagents, and in the properties of their coagula, is caused exclusively by the difference in the percentage of albuminous ingredients. Both human and cow's milk contain casein, albumen, and, as Dr. Schmidt has proved, a third albuminoid, which was first discovered by Bence-Jones in the urine of osteomalacic patients, and received from Kuehne the name of 'hemialbumose.' The author gives the following average figures. 1. Human milk contains: casein, 0.6573 (49.8 per cent.); albumen, 0.3382 (25.7 per cent.); hemialbumose, 0.3224 (24.5 per cent.); total of albuminoids, 1.3179. 2. Cow's milk contains: casein, 3.1666 (87.3 per cent.); albumen, 0.2970 (8.2 per cent.); hemialbumose, 0.1672 (4.5 per cent.); total, 3.6715. That is, the total amount of proteids in human milk is nearly three times less than that in cow's milk; the quantity of casein in the former being nearly five times less than that in the latter, while the amount of hemialbumose in human milk is nearly double of that in cow's milk. On comparing the percentages, the quantitative difference between two species of milk becomes still more striking; we see that in cow's milk there are present casein in twice greater, and albumen and hemialbumose in three and six times less amounts than in human milk. And this is all the difference between the two kinds of milk; it is, therefore, entirely quantitative and not qualitative, as Biedert teaches. The author thinks that the knowledge of the individual properties of various albuminoid matters of milk enables us to *à priori* assert that the greater the amount of casein, and the less that of albumen and hemialbumose, the more easily and markedly the process of coagulation must proceed, and the less soluble the deposit must be; on the contrary, coagulation must be more difficult and less complete, and the coagulum must be finer, more mucous, and more soluble, the less the relative (to the other two albuminoids) amount of casein. As experiments show, when to a specimen of cow's milk there are added five times its volume of a 2 per cent. solution of hemialbumose, rennet extract does not produce any coagulation at least for twenty-four hours, if the reaction of the mixture be neutral; when the reaction is acid, or when the proportions of hemialbumose added is less considerable, the mixture coagulates, but the deposit has the appearance of extremely fine mucus-like flocks, having no tendency to agglutination and shrinking, while the serum remains milky, exactly as in the case of human milk coagulated through the agency of the rennet extract.

Equally interesting is another series of the experiments undertaken by the author to throw some light on the changes taking place in cow's milk under the influence of boiling. The result of these experiments is as follows. The process of boiling transforms nearly the whole amount of the albumen and a con-

siderable part of the casein into hemialbumose, and so brings the composition of cow's milk nearer to that of woman's milk, and therefore makes the former more assimilable for an infant. This transformation may be heightened by diluting cow's milk and adding to it solution of carbonate of soda; for, as again a special series of Dr. Schmidt's experiments proves, dilution and alkalinisation of cow's milk likewise diminishes the amounts of the casein and albumen and increases that of the hemialbumose; the metamorphosis of the two former proteinic bodies into the latter proceeds under the influence of a special ferment, the existence of which in milk was discovered by Dähnhardt, and which acts more energetically in the presence of carbonates of alkalis.

V. IDELSON, M.D.

MEDICO-LEGAL ASPECTS OF THE PELTZER TRIAL.

IN November and December 1882 the celebrated trial of the brothers Peltzer took place for the murder in Brussels of M. Bernays. At this trial several important questions relative to hæmorrhage from gunshot wounds, the position of the assailant, and the production of cadaveric lividities, were raised.

M. Bernays was a well-known barrister in Antwerp, and was on very intimate terms with Armand, the elder of the two brothers Peltzer, and was also known to the younger brother, Léon. Either on account of a *liaison* between Armand and Madame Bernays, or because M. Bernays was in the possession of a secret affecting the character of Armand, the latter resolved to get rid of Bernays, and employed for this purpose his brother Léon. Bernays was accordingly inveigled into a room in a house in Brussels, specially prepared for the purpose; and as he crossed the threshold it is supposed that the disguised Léon presented a pistol near the nape of the neck, and shot his victim dead. The body was no doubt subsequently disposed of by the brothers in the following manner. All traces of the blood were removed from the room except in one spot, where there was a pool of blood weighing about nine ounces; the body was placed in an arm-chair, so that it might be supposed that death was the result of either suicide or accident. About a week later information was conveyed to the authorities by letter that Bernays had been shot accidentally by one Vaughan—an assumed name of Léon—during an altercation, and this letter led to the discovery of the deceased's body. A judicial and medical examination of the body was made on the 18th, eleven days after the death on Jan. 7, 1881. Stienon, who made the medical examination, said there were two wounds, one on the right temple, of a simple nature, the other in the nape of the neck, which had been the cause of death. This was a perfectly clean wound, without any burn. The ball had gone through the neck from left to right, slightly ascending, and perforating the skull. The principal part of the projectile was found in the right temporal (middle) lobe of the brain. On the body were stains of blood and cadaveric lividities. The blood-stains were in the nape of the neck and on the right side of the head. On the nostrils and moustache were streaks of blood. There were lividities on the right leg and forearm. No blood was found in the pharynx. The wound in the nape of the neck could

not have bled much externally. The bleeding had been internal, and through the nose. There was little blood on the clothes of the deceased. A spot on the carpet contained nine ounces of blood. There was a footprint, as he alleged, in this spot, not produced by the deceased. Experiments made for the purpose showed that the footprints could not have been produced earlier than two hours and a half after the blood had flowed on to the carpet, and probably it was twenty or twenty-five hours afterwards. It was certain that the footprint was not produced on Jan. 18, the day of the first investigation at the house, and eleven days after the death experiments showed that cadaveric lividities could no longer be displaced when the body had remained in the same position for twenty-eight or thirty hours; therefore, the body could not have become cold in the same position as that in which it was found. It might have been moved after twenty-eight or thirty hours, but the cadaveric rigidity must be taken into consideration. The body must have been rigid after twenty-four hours. Destruction of this rigidity was possible only by tearing the muscles, and no muscles were torn; therefore it was probable that the moving of the body had been effected after cadaveric rigidity had disappeared, which would happen after sixty or seventy hours. It followed that the body must have been moved five days after the crime. The blood-clot on the carpet was irregular in shape, there being no blood in the centre; and the footprint was at the side. Death had doubtless been instantaneous, and experiments showed that the shot had been fired at a distance of four inches from the wound, though there was no blackening. The clothes of the deceased were in perfect order, and there was no evidence of a struggle having taken place. Léon had indicated a spot where the shot was fired, but it was impossible that his victim could have been on that spot, as in that case the blood would have flowed all over his clothes, which was not the case. Bernays had evidently fallen against the corner of a writing table, as was indicated by the wound on the temple, and had then rolled on to the floor. Probably the deceased was shot whilst stooping his head, as many people do instinctively on entering a room. Inside on the door were some drops of blood, spurted on it when the wound was inflicted. The victim had bled through the nose for five or ten minutes after death. If the assassin had raised the head of Bernays, the blood would have flowed on to the clothes, which were free from blood. The footprint on the blood-clot on the carpet had probably been made by a boot of Armand's, with which the mark corresponded. The body had not been moved sooner than from forty to sixty hours after death. This was the summary of Stienon's evidence, and he was confirmed by Vlemminella. For the defence, Guillery stated that what had been described as a footprint on the blood on the carpet, had been produced by a knee, not a boot; and the impress might have been made ten or fifteen minutes after the blood had flowed. Hence it might have been produced, as Léon stated, when he knelt to raise the head of the deceased, and to render him assistance. Cadaveric lividities, he asserted, permitted no conclusions to be drawn, as twelve days after death they were accompanied by putrefaction. The blood, he contended, had flowed from the nape, not from the nose. Schönfeld confirmed this evidence. The brothers Peltzer were both convicted.

THOMAS STEVENSON, M.D.

SURGERY.

RECENT PAPERS.

1. HEIDENREICH, TH. B.—On the Use of Iodoform in Surgery. (*Vracheb. Vedomosti*, Nos. 13, 14, and 15, 1882.)
2. ZEMBLINOFF.—On a Case of Aneurism of the Abdominal Aorta from Septic Aortitis. (*Mediz. Obozr.*, Feb. 1882, pp. 346-47.)
3. TURBIN.—On Treatment of Prolapsus Recti by Langenbeck's Method. (*Mediz. Obozr.*, Feb. 1882, p. 341.)
4. MALININ.—On a New Protective. (*Mediz. Obozr.*, Feb. 1882, p. 341.)
5. LEISRINK.—Iodoform Dressing. (*Centralblatt für Chir.*, No. 35, 1882.)
6. ANGER.—Ulceration of Arteries in contact with Pus. (*Société de Chir.*, Oct. 1882.)
7. KELLEY.—A New Method of Reducing Dislocations of the Humerus. (*Dublin Jour. of Med. Science*, Sept. 1882.)
8. HALDERMAN.—A Case of Diastasis of the Condylloid Epiphysis of the Femur. (*New York Med. Record*, June 1.)
9. GRAY.—Stretching the Facial Nerve. (*Proceedings of the Med. Society of the County of Kings*, Sept. 1882.)
10. GRAY.—Reduction of a Dislocated Cervical Vertebra after Four Months' Malposition. (*Annals of Anat. and Surg.*)
11. NELSON.—Plastic Splints in Surgery. (*Annals of Anat. and Surg.*, April 1882.)
12. ORDONEZ.—Fatal Erysipelatous Inflammation from a Pile. (*El Genio Medico-Quirurgico*.)
13. ELDER.—Case of Nephrotomy and Nephrectomy. (*Lancet*, Sept. 1882, p. 567.)
14. GODLEE.—Excision of the Elbow-Joint. (*Med. Times and Gazette*, July 1882.)
15. LEDIARD.—The Elastic Ligature. (*Med. Times and Gazette*, Aug. 1882, p. 151.)
16. HAMILTON.—Treatment of Fracture of the Femur. (*Med. Gazette*.)
17. BUSCH.—On Resection of the Ankle. (*Centralblatt für Klin. Chirurg.*, No. 41, 1882.)
18. WYETH.—Ligature of the Carotid Artery with a Carbolic Nerve. (*Archives of Med.*, June 1882.)
19. FENN.—The Carbolic Acid Treatment of Piles.

1. *Heidenreich on the Use of Iodoform in Surgery.*—Dr. Th. B. Heidenreich records (*Vracheb. Vedomosti*, Nos. 13, 14, 15, 1882) his experience at Professor Sklifassovsky's Clinic in Moscow, where iodoform dressing was largely employed after great operations (amputations of extremities and mammary glands, excisions of tumours, ovariectomies, &c.) as well as in cases of tuberculous affections of bones and joints and ulcers. Either iodoform gauze alone, or gauze and iodoform sprinkling were used. Having found the so-called Billroth's and Brun's gauzes (see the LONDON MEDICAL RECORD, Oct. 1882, pp. 403 and 406) unsatisfactory, the author, after some experiments, arrived at his own method of the preparation of iodoform gauze, which consisted in soaking ordinary gauze in a solution of 6 parts of colophony and two parts of castor-oil in 100 parts of 94 per cent. spirit, and subsequently impregnating it with 20 to 100 per cent. of iodoform. As the author alleges, his gauze has advantages of being soft, non-adhesive, and of constant composition. To overcome the unpleasant odour, the author places between layers of iodoform gauze (kept in store) small sachets with dry leaves of the *Plectranthus graveolens* (this is one of the Indian labiate shrubs

which serve for the preparation of well-known 'Patchuli' perfumes), which he regards as the best deodorising agent of all proposed [including Petersen's musk (see LONDON MEDICAL RECORD, June 1881, p. 226); Lindemann's Peruvian balsam (*ib.* 1880, p. 93); lavender-water (*ib.* 1879, p. 210); Mosetig-Moorhof's Tonquin bean, Mikulicz's bergamot-oil, clove-oil, peppermint-oil, &c.] The first dressing Dr. Heidenreich usually removes within the first two days after application, the subsequent one he leaves unchanged from ten to fourteen days. In none of the author's cases were any serious toxic symptoms observed, this fact being attributed to the use of gauze and only moderate sprinkling of the raw surfaces. Only in a few instances slight rise of temperature followed, and that was of a transitory nature (not longer than two days). The author's general conclusions are these. 1. As an antiseptic in the treatment of wounds, iodoform is the best of all known. 2. Its 'antituberculous,' or, at least, 'antifungous,' action is considerable. 3. As to its absorptive power, iodoform excels all other iodine preparations, while free from their irritating properties. 4. As an anodyne, it deserves to occupy a very conspicuous place in surgical practice. 5. Its power of checking wound-discharge is very high. 6. Any serious toxic accidents may be avoided by moderation and caution in its employment.

2. *Zemblinoff on a Case of the Aneurism of the Abdominal Aorta, resulting from Septic Aortitis.*—Dr. Zemblinoff records (*Mediz. Obozr.*, Feb. 1882) the following remarkable case. A boy, aged nine and a half, who had undergone lithotomy, died from pyæmia within a short time after the operation. The *post mortem* examination revealed the conditions as follows. About $1\frac{1}{2}$ centimètre above the bifurcation of the abdominal aorta, at the anterior wall of the vessel, there was situated a defect (about $3\frac{1}{2}$ centimètres long) which occupied nearly the whole circumference of the artery, except a segment posteriorly, and was filled up with fibrine clots. After the removal of the latter it became possible to penetrate through the hole into a hemispherical cavity of 3 centimètres in diameter, lying anteriorly to the vessel between strata of the root of the mesentery and enclosing fibrinous deposits. The wall of the sac consisted of the adventitia alone. The microscope showed very intensive purulent infiltration of the adventitia and media at the edge of the defect; a similarly infiltrated patch, 0.4 centimètre long, was present in the left common iliac artery. The mesenteric and retroperitoneal lymphatic glands were swollen, and those in the region of the mesenteric root acutely inflamed. Dr. Zemblinoff's theory of the case is this. The operation was followed by septic infection, which caused inflammation of the mesenteric glands. From these the process spread to the aorta, affecting most severely its median coat (the conditions of nutrition of which are less favourable than those of the other two coats). The destruction of the media led to the formation of an aneurismal sac, originally consisting of the distended intima and adventitia; and later, after the bursting of the former, of the external coat alone. As the author thinks, this case teaches us:—1. That the formation of aneurisms in consequence of an acute aortitis, and in the way pointed out by Rokitsky, is quite possible; 2. That acute aortitis may occur as one of the results of pyæmia, as Bamberger taught; 3. That affections of the lymphatic glands may have a great part in producing

disease of an adjacent vessel; 4. That acute formation of aneurism may occur as one of the phenomena of pyæmic infection.

3. *Turbin on Treatment of Prolapsus Recti by Langenbeck's Method.*—The author reports (*Mediz. Obozr.*, Feb. 1882) two cases of prolapsus recti cured by the subcutaneous injections of ergot ($\mathcal{R}$ Extracti secalis cornuti aquosi, $\mathcal{O}$ j.; glycerini, aquæ destill., āā $\mathcal{z}$ j. Solve. A syringeful.) In one of the cases the prolapsus was reduced by five injections, in the other by nine. A swelling as large as a walnut formed after each injection, disappearing in one to two minutes under moderate massage by a finger. Pain, though invariably produced, was insignificant. (See also Vidal's record of two cases of prolapsus recti cured by ergotine injections, in the LONDON MEDICAL RECORD, Feb. 1880, p. 52; and Perrotin's paper, *ib.*, p. 270.—*Rep.*)

4. *Malinin on a New Protective.*—At a recent meeting of the Caucasian Medical Society, Dr. Malinin (*Mediz. Obozr.*, Feb. 1882) demonstrated some specimens of the protective which is prepared *ex tempore* by mixing collodium (lb. j.), castor-oil ($\mathcal{z}$ j.), almond-oil ($\mathcal{z}$ ss.), and carbolic oil (from $\mathcal{z}$ ij. to $\mathcal{z}$ iv.), and spreading this mixture over a glass plate smeared with glycerine. The fluid rapidly dries, forming a transparent, thin, soft, and light sheet, which, when used, suffers no alterations from the contact with wound-discharges, and may be employed repeatedly (of course each time after its washing in a carbolic solution).

V. IDELSON, M.D.

5. *Leisrink on Iodoform Dressing.*—In the *Centralblatt für Chirurgie*, No. 35, 1882, Dr. Leisrink, of Hamburg, publishes statistics of his hospital practice in which all important cases were treated by means of iodoform. Gauze impregnated with 60 per cent. of its weight was the principal dressing relied upon. The youngest patient treated was seven months old, the oldest between 80 and 90 years. From July 1881 to July 1882, 300 cases in which operations were undertaken occurred in the clinic. There were seventeen deaths. One of these was either from iodoform poisoning or from exhaustion, and took place after resection of the hip-joint, for disease which was originated from gonorrhœal poisoning. Five deaths resulted from septicæmia, one in a strumous subject, two from peritonitis following ovariectomy, and two in amputations, the one being for infecting osteomyelitis, the other for puerperal gangrene. From exhaustion and secondary kidney disease eleven deaths are recorded, of which five were connected with the genito-urinary apparatus—viz., lithotomy, one; excision of prostate, one; external urethrotomy, three; removal of pelvic tumour through the vagina, one; laparotomy of ileus and diabetic gangrene are each credited with a fatal issue. Sixty-seven operations were performed on bones and joints, of which thirty-four were resections—viz., three of the shoulder, the average duration of healing being three weeks; ten of the elbow, the average duration of healing being five weeks; ten of the hip, eight of these were healed, five of them in three weeks. One patient left with a fistula still discharging; one died. There were four resections of the knee, all being healed; six of the ankle, five being healed, and one was still under treatment. The average duration of healing was eighteen days. The knee-joint was twice incised and drained. Herniotomy with radical cure was performed six times. Thirty tumours of different varieties were re-

moved, and forty-one operations were performed on the mouth, vagina, and rectum. Latterly, also, iodoform drains have been found useful in cases of fistula. These drains are composed of gum; and on the surface, by a special process, 40 to 50 per cent. of their weight of iodoform is deposited. By this means the antiseptic is brought into direct contact with the walls of the fistula without retarding the escape of the wound secretion.

Dr. Leisrink believes that the utility of iodoform as an antiseptic will ultimately be recognised in military surgery as well as in civil practice.

6. *Anger on Ulceration of Arteries in contact with Pus.*—At the meeting of the Société de Chirurgie, Oct. 18, 1882, M. Anger quoted two observations from the work of M. Humbert, in which ulceration of the walls of a main artery had followed its being in contact with pus. In both instances there was a fluid collection in the popliteal space, the result of osseous changes; on incising, blood was evacuated instead of pus. At the necropsy in one case, perforation of the popliteal artery was found; the other patient recovered. M. Anger also brought forward two cases under his own care. In one, incision of a fluid collection in the popliteal space gave exit to a great quantity of blood, and the posterior surface of the femur proved to be denuded. In the second instance, a congestive abscess, opened near the small trochanter, was followed by profuse hæmorrhage. At the necropsy this proved to be due to ulceration of the femoral artery. M. Anger, in the last case, thought that tubercular deposit was the cause of the softening of the arterial walls.

M. Monod reported two cases. In one, perforation of the femoral complicated the opening of a congestive abscess. The iliac artery was ligatured, but death took place from exhaustion. In the second, a cold abscess of the arm was associated with profuse hæmorrhage from the brachial artery, which induced a fatal result. At the autopsy two or three small perforations of the arterial coats were found, but no microscopic examination of the tunics was made. M. Desprès thought that in a drained abscess the hæmorrhage that occurred was the result of the tube, which, by compression, finally caused ulceration of the artery. In other cases the bleeding was probably due to subperiosteal hæmatoma.

7. *Kelley on a New Method of Reducing Dislocations of the Humerus.*—In the September number of the *Dublin Jour. of Med. Science*, Dr. J. E. Kelley describes a rather novel method of reducing luxations of the humerus. He states that he accidentally hit upon this method in a case in which he had exhausted every means of reduction without effect. He has since then successfully employed it in over twenty cases. The selection of a couch or bed is of importance. It should be firmly fixed and hard, and, when choice is practicable, he prefers it, for the subglenoid dislocation, to be about three inches lower than the great trochanter of the operator; whilst one lower still by a few inches, for the anterior dislocations, and a little higher for the posterior, allows the force to be applied advantageously in the direction of the glenoid cavity. The patient should be placed as close as possible to the edge of the couch, on his back, with his head low. In order to make the description of the procedure intelligible, he divides the operation into two stages. The first, or preparatory stage, in which the surgeon takes the most favourable position for the reduction, is assumed by placing the injured arm at right angles

to the body, and standing against it with the side to the patient and the hip pressed firmly, but not roughly, into the axilla. The operator folds the arm and hand of the patient closely round his pelvis, and fixes the hand firmly by pressing it against the crest of his ilium. The second stage, during which the reduction is effected, is very simple, consisting merely of a rotation or version of the surgeon's body, until his back is against the side of the patient, with a force and rapidity which necessarily varies with the peculiarity of the dislocation—some yielding most readily to a sudden and powerful effort, and others to gentle and gradually increasing traction. For any additional 'manipulation,' the surgeon has the hand next the patient's axilla disengaged for such manoeuvres as lifting the head of the humerus into its cavity, making traction upon it forward or pressure backward, according to the nature of the dislocation. The fixation of the scapula, a point of considerable importance, is secured by its position between the couch and the body of the patient, while its inferior angle is supported by the gluteal region of the operator.

One of the great advantages of this operation is the ease with which the surgeon can reduce almost any dislocation, without assistance or the appearance of violent exertion. But, should a case of peculiar difficulty present itself, additional extension may be applied by one or more assistants making mediate or immediate traction on the patient's arm; and the counter-extension is as readily increased by pressure on his uninjured shoulder or his pelvis. The importance of being able to dispense with anaesthesia in such operations is indisputable, especially when the surgeon is summoned to perform them suddenly and without assistance, as frequently occurs in dislocations. Dr. Kelley claims this advantage to a very great extent for his method, as in only one case in his experience has he had to resort to that or any other auxiliary.

8. *Halderman on a Case of Diastasis of the Condylloid Epiphysis of the Femur.*—Dr. Davis Halderman reports in the *New York Med. Record*, June 1882, a case in which the detached epiphysis of the femur, still connected with the popliteus and gastrocnemius muscles, was tilted backwards, and at the same time overlapped by the shaft at its posterior and outer aspect. Between them, and on the anterior and inner aspect of the shaft, lay the popliteal vessels and internal popliteal nerve. The injury was produced by a direct blow on the front and lower part of the thigh. There was no pulsation in the vessels below the knee. Gangrene threatened, and the thigh was amputated at its middle third.

9. *Gray on Stretching the Facial Nerve.*—Two cases of this operation are reported in the *Proceedings of the Medical Society of the County of Kings*, Sept. 1882. The first patient was a Swede, aged 36, strong and healthy, who had suffered intensely for sixteen years from tic-douloureux of the second branch of the right trigeminus. All internal remedies had failed to procure more than slight temporary improvement. The attacks of pain always commenced with muscular twitchings along the line of the lower jaw. It was resolved to first stretch the facial nerve, and, if this did not succeed, to operate in a similar manner upon branches of the fifth pair. The right facial nerve was accordingly stretched on May 8, 1882, just where it emerged from the stylo-mastoid foramen. The next day there was a typical Bell's paralysis upon the right side of the face, and

a complete cessation of pain. On the fourth day there was a return of the painful condition, which shortly became more intense than before the operation. The motor paralysis steadily improved, but the patient declined any further operative interference. The second patient was a man, aged 22, who for ten years had suffered from bifacial and bimanual choreiform movements; constant grimaces and inability to perform skilled handwork being the consequences. The right facial nerve was stretched on June 16, 1882. Paralysis of the right side of the face ensued; but the condition gradually improved, and no twitching on either side of the face has since been observed. The operation of stretching the facial nerve for mimic spasm has been reported to have been performed on eight occasions.

Baum (*Berlin. Klin. Wochen.*, 1878).—The disease had lasted six years. The left facial was stretched. During the three months the patient was under observation there had been no relapse.

Schüssler (*Berlin. Klin. Wochen.*, No. 46, 1879).—Disease had lasted eight years. The left facial stretched. The patient was observed for 134 days and had no relapse.

Sturge and Godlee (*Med. Times and Gazette*, p. 631, 1881).—The patient was aged 72. The disease had lasted six years. There was no relapse at the end of three months.

Eulenburg (*Centralblatt für Nervenheilk.*, No. 7, 1880).—The disease had lasted two years. The left facial nerve was stretched. The spasms returned.

Bernhardt (*Zeitschr. für Klin. Med.*, Band iii.). Two cases. In one case no paralysis ensued, and the relief only lasted two days. In the second case there was paralysis, but a return of the spasms.

Putnam (*Boston Med. Jour.*, Vol. ii., 1880).—The disease had lasted three years. The patient was under observation for three months, and no relapse had taken place.

Southam (*Brit. Med. Jour.*, May 28, 1882).—The disease was of two years' standing in a patient aged 53. The case remained under observation for six weeks and had no return of symptoms.

Dr. Gray thinks that stretching of the facial nerve is a welcome addition to our methods of treating tic-douloureux and mimic spasms, conditions which are often very intractable. It is hoped that further experience will prove that this small operation may be the means of affording more successes than it has so far been thought capable of.

T. F. CHAVASSE, M.D.

10. Gray on Reduction of a Dislocated Cervical Vertebra after Four Months' Malposition.—Dr. Gray relates the following case in the 'Annals of Anatomy and Surgery' (*Canada Med. and Surg. Jour.*). A lad 15 years of age fell upon his head in attempting to turn a somersault. No symptom of injury occurred immediately, except that there was the appearance of a small projection at the back of the neck. The following morning there was slight difficulty in swallowing, which increased gradually. Upon examination four months after the accident, the left upper extremity was found almost completely paralysed in motion, the left lower extremity somewhat less so. Sensation was partially paralysed in the left extremities. There was occasionally a quick sharp tremor of the whole body, which came on only while he was standing. Over the region of the third cervical vertebra, there was on the back of the neck a projection about as large as a pigeon's egg. Pressure upon it produced some pain around the

point of pressure, but none elsewhere. The spinous process of the third cervical vertebra deviated to the right. On examination by the finger through the mouth, a distinct depression could be felt in the posterior pharyngeal wall, corresponding to the third cervical vertebra. The right ear was strongly inclined to the right, the chin directed to the left, but not elevated. The right sterno-mastoid was prominent and tense. The point of the left shoulder was drawn up, the acromion process nearer the middle line of the body than natural, the inferior angle being thrown out. Difficulty of swallowing had become so considerable that only soft and liquid food could be taken. The nervous symptoms were increasing at an ominous pace; nothing but a restoration of the bone to its proper place offered any hope of saving life. Counter-extension was made by a sheet across each shoulder, passing across the body and held by two assistants. A gag was used to separate the jaws. The boy was laid flat upon his back upon the table and fully etherised. The head was cautiously extended, and then rotated from left to right. The bone was replaced gradually during three separate movements of rotation. Some of the more important symptoms ceased at once. The patient was kept recumbent for more than three weeks, and then allowed to move about cautiously. There was a tendency to redispacement of the bone, and a second operation for reduction was required, after which the patient made a perfect recovery.

11. Nelson on Plastic Splints in Surgery.—Dr. Samuel Nelson, of Boston ('Annals of Anatomy and Surgery,' April 1882) discusses the relative merits of starch, dextrine, glue and chalk, glue and oxide of zinc, paper, silica, tripolith, and plaster of Paris for immovable dressings. He prefers plaster of Paris to all others, because it is cheap and easily obtained, can be readily applied, and sets rapidly, is porous, does not interfere with insensible perspiration, and does not contract in drying. He describes the various methods of application and preparation.

E. NOBLE SMITH.

12. Ordonez on Fatal Erysipelatous Inflammation from a Pile.—A case in which an erysipelatous inflammation, of which the starting point was the irritation produced by a small external pile, proved fatal, is reported by Dr. Armando Ordonez (*El Genio Medico-Quirurgico*). The original tumour was small, and was diminishing rapidly under treatment, when an apparently simple attack of erythema of the neighbouring parts occurred. Four leeches were applied, and poultices, and in the course of twenty-four hours it disappeared, and with it the hæmorrhoid. But coincidentally there was developed on the same side of the body an almost universal erysipelas (adeno-dermatitis), attacking the thigh, buttock, trunk, and even the shoulder and arm.

During the first day of the appearance of this condition there were large petechial patches; these by the following day were gangrenous, while there was only doubtful vitality in other large tracts of tissue. The case had thus shown itself to be one of acute phagedænic inflammation. The constitutional symptoms of septic poisoning were early developed and were well marked, the temperature was high throughout, rising to 107.5 on the morning of the fourth day of the attack, when death occurred. The question raised by Dr. Ordonez is, whether this gangrenous form of erysipelas was a true metastasis, or a septic inoculation from the apparently insignificant erythema of

the perinæum, starting from the leech-bites there, and spreading through the lymphatics. This latter view is the one sustained by him, and he therefore considers the case to be one of true spreading traumatic gangrene. It appears further that the leeches employed were 'second-hand,' and had been employed to allay a local inflammation eight or ten days before.

WALTER PYE.

13. *Elder on a Case of Nephrotomy and Nephrectomy.*—Dr. Elder records a case in the *Lancet*, Sept. 1882, p. 567, of a woman, aged 36, with a large fluctuating abdominal tumour, most prominent in front, but extending to the spine behind. There were signs in the chest of tuberculous disease. The quantity of urine passed was small, ammoniacal, muco-purulent, and contained triple phosphates in abundance. From this it was thought the tumour was a large renal abscess, and nephrotomy was performed by the usual lumbar incision. The kidney was found to reach down to below the level of the iliac crest; its interior, from which came a large quantity of curdy pus, bled freely. The operation was performed antiseptically; little shock ensued, but the patient contracted an attack of septic pleuropneumonia of the right base. This, and the non-improvement of the general symptoms, determined Dr. Elder on performing nephrectomy, which was successfully accomplished by enlarging the previous incision, and supplementing it by a crucial one. The blood-vessels and ureter were secured *en masse*; but from the friable nature of the tissues, the ligature came away and appalling hæmorrhage ensued for a few moments; two ligatures were then adjusted higher up, and the wound washed out with carbolic water. The shock succeeding this was extreme, but it was successfully combated by frequently repeated rectal injections of pancreatised beef-tea and brandy. For the first forty-eight hours the renal secretion was very scanty, but after this period was greatly increased in amount. The patient made an uninterrupted recovery, and left the hospital in very good condition.

14. *Godlee on Excision of the Elbow-Joint.*—Mr. Godlee, in the *Med. Times and Gazette*, July 1882, p. 98, describes a case of a tailor, aged 19, who came under his care seven weeks after running a needle into his elbow-joint. The needle had been extracted two days after the accident. The elbow was considerably swollen and red, with a sinus over each condyle of the humerus, and another rather above the internal condyle; it was almost completely fixed at an angle of 85°. The skin in front of the joint was involved in a cicatrix, the result of an old burn. The patient was pale and anæmic, but his appetite was good; his temperature was only slightly above normal. The joint was excised through two lateral incisions. This was done bloodlessly, and before the removal of the tourniquet a strong solution of chloride of zinc was applied. Two large drainage-tubes were placed in the outer wound; the inner one was stitched up. Passive motion was commenced on the eighth day, but there was a good deal of suppuration, which terminated after the escape of a few spicules of bone. The result was very satisfactory; extension of the joint was almost perfect, pronation and supination very good, but flexion could not be effected much beyond a right angle; he could, however, feed himself and sew.

15. *Lediard on Elastic Ligatures.*—Dr. Lediard, in the *Med. Times and Gazette*, Aug. 1882, p. 151, records a case in which he found the application of

elastic ligatures to be much safer than, and quite as effectual as, a cutting operation. The patient had several sinuses in and about the soft palate of the right side, and in the neighbourhood of the tonsil, resulting from repeated abscesses of long duration. A scanty purulent discharge was present, causing a disagreeable taste in the mouth in the morning. In order to open up the sinuses completely, they were threaded by an aneurism-needle with pieces of fine elastic, the ends of which were tied together; no hæmorrhage, and only bearable pain resulted. The result was beneficial, but, other sinuses appearing, this had to be repeated three times, when the underlying diseased tissues were completely laid bare, the palate retracted and arched upwards. The peculiar advantage of the elastic ligature in this case lies in the fact, that it would have been dangerous to use the knife freely in this situation.

RICHARD NEALE, M.D.

16. *Hamilton on Treatment of Fracture of the Femur.*—In a recent contribution to the *Medical Gazette* Dr. Frank H. Hamilton describes his method of treating fracture of the shaft of the femur in the adult. This method consists in extension of the injured limb by weights, and in the application of four short splints to the thigh, and of a long external splint. The short splints are made of some light material, as gum shellac cloth, stout leather, or thin pieces of board. One splint is applied to the anterior surface of the thigh, extending from the groin to within half an inch of the patella; one to the posterior surface, extending from the tuberosity of the ischium to a point six or eight inches below the knee; one to the inner side, extending from near the perinæum to the inner condyle; and one to the outside, extending from above the trochanter major to the outer condyle. These splints should encircle the limb almost completely, leaving only intervals of from half an inch to an inch each. The purpose of a long side-splint, extending from about four inches below the axilla to five inches below the heel, is not to make extension, but to prevent the femur from becoming bent outwards at the seat of fracture. The whole body, including the upper fragment of the femur, is thus kept in a straight line. The long splint also prevents eversion of the foot. The amount of extension required for adults will vary, Dr. Hamilton states, from eighteen to twenty-eight pounds. In a large proportion of cases, twenty or twenty-one pounds will be borne without complaint. Dr. Hamilton holds that during the first four or five weeks the patient should not be allowed to rise or sit up in bed. It is an error, he asserts, to suppose that such restraint is irksome. In his experience no patient has ever complained of it, and movements of the trunk undoubtedly increase the risks of non-union. Dr. Hamilton has never met with this misfortune in any subject of fractured femur treated by himself from first to last, whilst he has several cases of non-union, or of delayed union, in the practice of other surgeons, which he has attributed to the patient having been permitted to rise in bed. In order to evacuate the bowels, the patient may draw up the sound limb, when a properly constructed bed-pan can be easily placed under the nates.

17. *Busch on Resection of the Ankle.*—Prof. Busch, of Berlin, describes in the *Centralblatt für Chirurgie*, No. 41, 1882, a new method of resecting or simply of exposing and clearing out the ankle, in cases of fungus inflammation of this joint. The ordinary

operation by two lateral incisions does not, it is held, expose the interior of the joint to such an extent as to enable the surgeon to determine the amount of disease. Hueter, who recognised this difficulty, exposed the joint by forming a flap on its anterior surface. This proceeding has not been received with much favour, as it necessitates division, not only of several important tendons, but likewise of vessels and nerves. If the flap be formed from the posterior surface of the joint, the tendo Achillis must be divided, and the strength of this structure, even though it be united again by sutures, will necessarily be much impaired. On Sept. 5, the following operation was performed by Dr. V. Hösslin, under the direction of Prof. Busch. An incision was carried from malleolus to malleolus across the sole of the foot, inclining backwards towards the greater tuberosity of the os calcis. The soft parts of the sole were divided down to the bone. The tendinous and other soft structures behind the bones on each side of the joint were then carefully detached and drawn forwards, so that the lateral aspects of the joint were freely exposed. The os calcis was then sawn through in the direction of the external wound, from the anterior margin of the greater tuberosity, obliquely upwards towards the anterior margin of its articular surface with the astragalus. The posterior fragment having been elevated, the posterior ligamentous structures of the ankle were cut through, and the exterior of the joint freely exposed. In this case, as there was extensive disease of bone and synovial membrane, with much ulceration of cartilage, it was thought necessary, in addition to cutting away the fungous growths within the joint, to extirpate the astragalus, and to remove the softened and diseased portions of bone at the extremities of the tibia and fibula, and on the upper surface of the os calcis. The interior of the wound having been disinfected, the posterior fragment of the os calcis was replaced and fixed by two wire sutures. The wound was drained and dressed antiseptically. Prof. Busch anticipates that if the patient—a young woman aged eighteen—remain free from tuberculosis, a movable and useful joint will be formed in this case between the bones of the leg and the upper surface of the os calcis, the limb of course being slightly shortened in consequence of the removal of the astragalus. There is no reason, it is thought, to doubt the future union of the fragment of os calcis; and the cicatrix across the sole, as it is situated in front of the greater tuberosity, is not likely to cause any trouble.

18. *Wyeth on Ligation of the Carotid Artery with a Carbolised Nerve.*—In the *Archives of Medicine* for June 1882, Dr. John A. Wyeth, of New York, reports a successful case of ligation of the common carotid artery with a carbolised nerve. In Sept. 1880 this surgeon used ox-aorta tape ligatures in tying the right common carotid and the right subclavian, for the relief of a large aneurism of the ascending segment of the aorta. The relief was immediate and marked, and the patient improved for several months, the aneurism decreasing in volume. There were some objections, however, Dr. Wyeth states, to the ox-aorta ligatures as he had prepared them, and, in seeking for a smoother and stronger substance, he determined to use nerve-tissue. This tissue is thought to be especially suitable as a ligature. It may be easily obtained, is very strong by virtue of its neurilemma, and is soft and cushioned, as its cylinders of neurilemma are filled with the

white substance of Schwann. This nerve-ligature was applied in the case of a woman, aged 53, the subject of extensive malignant disease of the right antrum. For several months she had suffered much from headache, and there had been occasional outbreaks of bleeding into the mouth and nares. On Sept. 27, 1881, the right common carotid was tied below the omo-hyoid with the freshly carbolised sciatic nerve of a calf. The operation was performed with a view of arresting the hæmorrhages, of retarding the growth of the neoplasm, and of relieving the severe pains due to its presence. In order to prevent any possibility of the ligature slipping, the two ends of the knot were tied together with catgut. The free ends were cut off, and the margins of the normal brought together over the ligature. The wound healed by first intention. The pulsation did not return in the temporal of the right side. The pains on the affected side ceased, but the increase of blood-pressure on the opposite side caused some unpleasant symptoms, which, however, gradually subsided. The patient died seven months after the date of this operation. On *post mortem* examination the artery was found to have been completely occluded, its continuity being still maintained. There was a scarcely appreciable depressed ring at the point where the vessel had been constricted. The nerve-ligature used in this case was as large as the median or ulnar nerve in the humeral region of a full-sized man, and for twenty-four hours before its application had been kept in a 5 per cent. solution of carbolic acid.

W. JOHNSON SMITH.

19. *Fenn on the Carbolic Acid Treatment of Piles.*—Dr. E. B. Fenn, agency physician for Sac and Fox Indians, Indian Territory, writes: 'I notice in the *New York Medical Record* of July 20, 1882, an extract from the monthly report of the Southern Illinois Penitentiary, by Dr. H. Z. Gill, in which it was said a dozen cases of piles had been successfully treated by the hypodermic injection of carbolic acid, with enough glycerine to hold the crystals in solution. The following treatment has been successful with me in every case. Take of carbolic acid (95 per cent. solution), fluid extract of ergot, of each equal parts. Inject from five to ten drops into each tumour, repeating the operation in a week or ten days if necessary. I have treated a number of severe cases of long standing in this manner, and believe it to be far better than amputation or ligature, because it is less painful and unaccompanied with any danger whatever to the patient, and is equally efficient.'

THERAPEUTICS AND PHARMACOLOGY.

RECENT PAPERS.

1. PODVYSOTZKY, V.—On the Active Principles of Official Podophyllin. (*Voenno-Meditsinsky Journ.*, Nov. 1881, pp. 1-24; Jan. 1882, pp. 1-32; Feb., pp. 33-50; March, pp. 51-72.)
2. LARIONOFF, M.—Nitrite of Amyl in a Tetanic Form of Intermittent Fever. (*Mediz. Obozr.*, Feb. 1882.)
3. POPOFF, S.A.—On the Pharmacological Action of Styrone. (*Mediz. Obozr.*, Feb. 1882, pp. 322-4.)
4. BOGUSCH, TH. F.—On the Treatment of Erysipelas by the Subcutaneous Injections of Resorcin. (*Mediz. Obozr.*, Feb. 1882, pp. 324-6.)
5. BABAEFF.—On Faradisation of the Spleen in Intermittent Fever. (*Mediz. Obozr.*, Feb. 1882, p. 344.)

6. TURBIN.—On the Treatment of Erysipelas by the Hypodermic Injections of Carbamided Bimuriate of Quinine. (*Mediz. Obozr.*, 1882, Feb., p. 341.)

7. SUSSKY.—On the Treatment of Diphtheria by Chloral-Hydrate. (*Mediz. Obozr.*, Feb. 1882, p. 340.)

8. HARNACK.—Pharmacological Studies on the Isolated Heart of the Frog. (*Centralblatt für die Med. Wiss.*, 1882, No. 43.)

9. BINZ.—Ozonised Air a Soporific Gas. (*Berlin. Klin. Wochenschr.*, 1882, No. 43.)

10. ALBERTONI.—Physiological and Therapeutical Researches on the Hydroxyl-Benzolin Group. (*Lo Sperimentale*, Aug. 1882.)

11. ALBERTONI.—Cotoin. (*Annali Univ. di Med.*, Sept. 1882.)

12. FIORI, GIOVANNI.—The Action of Thymol on the Circulation. (*Congress Ital. Med. Assoc.*, Sept. 1882.)

13. BARTOLI, ENRICO.—On Some Uses of Salicylate of Soda. (*Annali Univ. di Med.*, Oct. 1882.)

14. BIANCHI, AUR.—Chloroform-Water in Gastric Irritation. (*Lo Sperimentale*, Oct. 1882.)

15. MORSELLI AND BERGESIO.—The Hypnotic Action of Paraldehyde in Mental Alienation. (*General Congress Ital. Med. Assoc.*, Sept. 1882.)

16. DABNEY.—The Treatment of Empyema. (*Amer. Jour. of Med. Sciences*, Oct. 1882.)

17. MCCOLGANAN.—On the use of Ether-Spray in Neuralgia.

1. Podvysotsky on the Active Principles of Official Podophyllin.—Continuing his important researches on podophyllin, Dr. V. Podvysotsky, of Dorpat, states (*Voennno-Mediz. Journ.*, Nov. 1881 and Jan., Feb., March 1882) that both the root of the *Podophyllum peltatum* and podophyllin (that is, the alcoholic extract of the root) contain a resinous, amorphous, bitter, and very active substance, which the author named podophyllotoxin. This is a mixture of two distinct chemical compounds, called by Dr. Podvysotsky, 'picropodophyllin' and 'picropodophyllinic acid.' As experiments on animals show, both emetic and drastic properties of podophyllin and podophyllotoxin depend exclusively upon their containing picropodophyllin, large doses of which produce vomiting, small ones only purgation. In view of a high costliness of the preparation of picropodophyllin (which represents the essential active principle of *Podophyllum peltatum*), the author recommends to use podophyllotoxin, best of all in form of an alcoholic solution; while prescribing, it is necessary to take into consideration that this substance is precipitated by an excess of water and by alkalies. Being used internally, the remedy begins to act by the end of four hours, or still later; hypodermically, by the end of two hours. The careful study of clinical results of his own and of other observers, and the experiments made in animals, lead the author to the conclusion that podophyllotoxin is a very useful remedy for constipation, is very comfortably borne by patients, and does not interfere with digestion even in cases of its being used for a long period. It is indicated especially in chronic constipation in consequence of intestinal atony and sluggishness, in catarrhal icterus, and such like cases. The doses are given as follows: for an adult, from $\frac{1}{4}$ to $\frac{1}{3}$ of a grain at a time, from $\frac{1}{2}$ to $\frac{2}{3}$ of a grain daily; for a child, from $\frac{1}{120}$ to $\frac{1}{20}$ of a grain in each dose; the second dose is to follow not sooner than eight to ten hours after the first. The best preparation for an adult is made by dissolving two grains of podophyllotoxin in 200 grains of rectified spirit. The dose is thirty drops in a small glass of wine. Alkalies (as soda-

powders, &c.) should be avoided during the treatment.

[The paper is very exhaustive, and generally is a valuable contribution to pharmacological and clinical literature. Dr. Podvysotsky's labours on podophyllin justly gained for him an eminent position amongst Russian pharmacologists. Dr. Braun's paper on podophyllotoxin may be found in the LONDON MEDICAL RECORD, March 1882, p. 93.—*Rep.*]

2. Larionoff on Nitrite of Amyl in Tetanic Intermittent Fever.—Dr. M. Larionoff, of Turkestan, records (*Mediz. Obozr.*, Feb. 1882) the case of a soldier, aged twenty-five, who presented quotidian paroxysms of a very severe form of intermittent fever (rise of temperature to 104° Fahr., diarrhoea, with tenesmus, headache, giddiness, convulsions). On the fifth day there appeared trismus and rigidity of all (except the respiratory) muscles of the body, with unconsciousness, complete loss of sensibility, and coldness and paleness of the surface. The pulse remained full, firm, and regular. After forty minutes' unsuccessful attempt to resuscitate the patient by ordinary means (mustard, essential oil, hot bottles, and sand, &c.), the author introduced into one of the patient's nostrils a piece of cotton-wool with nine minims of nitrite of amyl. Immediately relaxation of all muscles followed, and consciousness returned. In ten minutes, the patient got up and asked for food. By the end of twenty minutes the temperature fell to 100°·7 Fahr., and two hours later to the normal. There was no return of paroxysms, and within a few days he was discharged cured.

[Dr. Larionoff was not aware that Dr. Saunders successfully administered nitrite of amyl by inhalation in many cases of malarial fever, obtaining not only shortening of paroxysms, but even cure of the disease. (See the *New York Med. Rec.*, Jan. 17, 1880.) In the *Voennno-Mediz. Jour.*, Sept. 1879, is to be found an important paper on the influence of nitrite of amyl on febrile and normal temperature in man. Dr. Sassetzky—the author of this article—had undertaken a series of numerous observations on forty-four febrile and twenty-eight non-febrile patients at Professor Manassein's Clinic, and arrived at the conclusions—(1) that nitrite of amyl undoubtedly possesses antipyretic (though not very energetic) properties; (2) that its antifebrile action is strongest in feverish patients, weaker in non-feverish diseased subjects, and still less pronounced in healthy persons; (3) that its antipyretic use is entirely free from any untoward symptoms, and is indicated especially in phthisical subjects, who bear nitrite of amyl better than cold baths, salicylate of sodium, and quinine. A case of tetanic intermittent fever, related by Frommüller, is to be found in the LONDON MEDICAL RECORD, 1879, p. 61.—*Rep.*]

3. Popoff on the Action of Styrene.—Dr. S. A. Popoff (*Mediz. Obozr.*, Feb. 1882) undertook his experimental investigations on this new remedy in order to verify Dr. Beach's statement (see the LONDON MEDICAL RECORD, Aug. 1880, p. 319), that styrene, as an antiseptic, acts even more powerfully than phenol and thymol. The author came to the following results. 1. Styrene is really one of the most powerful antiseptics known. A specimen of urine, to which styrene (1 to 500) had been added, presented no trace of decomposition at the end of three and a half months. 2. A piece of meat which had been kept in water containing 2 per cent. of spirit and 1 per cent. of styrene, at the temperature of 18° Reaum. (72·5 Fahr.), did not

show any signs of putrefaction or micro-organisms at the end of two and a half months. 3. Fifteen grammes of defibrinated blood, to which three minims of the styrene solution (1 to 2 per cent.) had been added, were found perfectly preserved at the end of three months. 4. If bacteria developed in a specimen of foul urine or blood, they were instantaneously killed by the addition of a few drops of the styrene solution. 5. The lower extremities of a child's cadaver, immersed in the solution of styrene (1 to 2 per cent.) with some diluted spirit (of 5 per cent.), were found in good condition at the end of five months. Another series of experiments made on frogs and dogs gave the following results. 1. In frogs, a hypodermic injection of a milligramme of styrene rapidly produces anæsthesia, beginning from the posterior extremities and depending chiefly upon paralysis of the peripheric sensitive nerves; a higher dose (1½ milligrammes) gives rise to general convulsions, which, within from ten to fifteen minutes after injection, are followed by complete motor paralysis, depending on the action of styrene both on the nerve-centres and on the peripheric nerves. 2. In dogs, an intravenous injection of 5 to 8 centigrammes of styrene per kilogramme of an animal's weight produces also complete loss of sensibility; a higher dose kills the animal. 3. Both in dogs and in frogs, respiration is at first considerably accelerated, and then gradual retardation follows, the animals dying from the paralysis of the respiratory centre. 4. In some of the cases, the injection of styrene led to a more or less considerable fall of temperature. A few experiments with styracin showed that this compound also possesses very strong antiseptic properties.

4. *Bogusch on the Treatment of Erysipelas by Subcutaneous Injection of Resorcin.*—Dr. T. F. Bogusch reports (*Mediz. Obozr.*, Feb. 1882) four cases of erysipelas which he successfully treated by hypodermic injections of a 5 per cent. solution of resorcin (25 grains to one ounce of distilled water). Having marked the margins of redness with ink, he made a number of injections around the whole inflamed region, along the line running outside of the mark, at the distance of about 1½ centimetre. He used for each injection 0.25 cub. c. of the solution, always directing the needle towards the centre of a diseased part. As many as 67, 29, 36, and 70 injections (at points nearly equally distant) were required in various cases to complete an elevated ring around the affected region, resulting from the blending of individual swellings produced by injections. In all cases, the injections completely cut short the further spreading of the inflammatory process, the temperature rapidly lowering to the normal level. No untoward symptoms were caused by this treatment, and no other treatment was used. [In the LONDON MEDICAL RECORD, 1880, pp. 172-3, is to be found Professor Brackett's paper on the excellent results of the abortive treatment of erysipelas by the subcutaneous injections of carbolic acid, which was originally recommended by Professor Hueter.—*Rep.*]

5. *Babaieff on Faradisation of the Spleen in Intermittent Fever.*—Dr. Babaieff regards (*Mediz. Obozr.*, Feb. 1882) systematic faradisation of the spleen as one of the best adjuvant means in the treatment of intermittent fever, and adduces some cases of his own in which the usual antiperiodic remedies had remained unsuccessful until the electricity had been added. The faradisation not only diminished the splenic tumour, but also acted bene-

ficially on the malarial process. This favourable influence the author attempts to explain as follows. 1. Faradisation gives rise to contractions of the splenic vessels, and, in a reflex way, acts tonically on the vaso-motor centres. 2. It counteracts blood-stagnation, and possibly accumulation of miasmatic products in the spleen. 3. It acts indirectly on the neighbouring kidney, increasing correspondingly the secretion of urine. 4. It prevents the formation of infarcts and ruptures in the spleen. The editor of the *Mediz. Obozr.*, Dr. V. F. Sprimon, also testifies to the high value of faradisation and galvanisation in cases of chronic malarial tumour of the spleen. He saw its prompt disappearance, as well as a great improvement of the general state, in four out of five of his patients treated by this method. In four of the eight of Dr. Sprimon's cases which presented intermittent of recent standing, and were treated by faradisation alone, the fever disappeared and never returned after five to ten sittings (half an hour daily). [Equally successful results were published by Drs. Schroeder (see the LONDON MEDICAL RECORD Oct. 1880, p. 409) and Stchegloff (*Ib.*, April 1882, p. 138).—*Rep.*]

6. *Turbin on the Hypodermic Injection of Carbamidated Bimuriate of Quinine in Erysipelas.*—Dr. Turbin asserts (*Mediz. Obozr.* Feb. 1882) that he successfully treated five cases of erysipelas by the subcutaneous injections of a solution containing 60 grains of carbamidated bimuriate of quinine in 65 grains of distilled water. Ten grains of this liquid were used at a time, and only one or two injections were required in each case. In addition, the affected parts were painted with the mixture of equal parts of camphorised and carbolised oils. [Though Dr. Turbin never saw any serious local results following injections of this double quinine salt (which was first prepared by Dr. Drygin), other observers have seen them; and a special committee appointed by the Caucasian Medical Society to investigate the matter found that out of 773 injections of Drygin's salt (made in 281 patients), eleven gave rise to abscesses and to sloughing, and thirty-three to indurations; in other words, that every eighth patient suffered from more or less serious local results. The committee wind up their report by a general statement that Drygin's preparation presents, except its easy solubility, no advantages in comparison with other quinine salts.—*Rep.*]

7. *Sussky on Chloral in Diphtheria.*—Like Lorenzo, Korn, Rokitansky, and Davidoff (see the LONDON MEDICAL RECORD, July 1882, p. 270), Dr. Sussky, in the *Mediz. Obozr.*, Feb. 1882, speaks very favourably of the action of chloral-hydrate in diphtheria. He used the solution of two scruples of the drug in half an ounce of pure glycerine, applying it locally, by means of a brush, every hour; pulverisations of turpentine oil were also used as often. All ten patients of the author, treated in this way, recovered.

V. IDELSON, M.D.

8. *Harnack on the Action of Atropia on the Isolated Heart of the Frog.*—In opposition to previous conclusions of Professor Harnack, it has been stated by Luchsinger and Sokoloff that it is not possible, by means of atropia, to determine the nature and cause of a diastolic stoppage of the heart; and, further, that all heart-paralysing substances, e.g., the double salts of copper, first paralyse the terminations of the vagus in the heart. In his present communication (*Centralbl. für die Med. Wissenschaft.* 1882, No. 43) Harnack seeks to establish the correctness of his

former conclusions; and for that purpose has, by means of the isolated heart of the frog, and Williams' apparatus and the heart-vagus apparatus, re-investigated the action of atropia on the normal and on the paralysed heart, compared its action with that of physostigma, and examined more precisely the action on the heart of the double salts of copper. His results, briefly stated, are as follows. 1. A minimal dose of atropia, sufficient to paralyse the cardiac terminations of the vagus, exercises no other effect on the heart, unless in a quantity 400 times as large. 'We therefore possess in atropia,' says the author, 'a perfectly certain means for excluding the influence of the inhibitory nerves on the heart, without at the same time having the heart otherwise in any degree disturbed.' 2. A larger dose of atropia acts directly on the heart, first exciting but shortly afterwards paralysing it. Such a dose can sometimes stimulate, to a few feeble irregular contractions, a paralysed heart whose excitability has not been entirely lost. This action is not comparable with that of atropia on the muscarised heart. Further, the paralysis of the automatic cardiac centres due to fodal cannot be relieved by atropia. 'We, therefore, in atropia,' says Harnack, 'possess a perfectly certain means for determining the cause or origin of a stoppage in diastole of the heart.' 3. The exciting action of physostigmin on the cardiac muscle does not correspond in nature to the above-mentioned action of atropia. Physostigmin relieves all diastolic stoppages with certainty; and, if the cardiac muscle be still excitable, there follow strong regular pulsations. Physostigmin, in fact, increases the contractility of the cardiac muscle, which sometimes results in an imperfect systolic stoppage of the heart, quite different in its nature, however, from that produced by digitalin. 4. The double salts of copper in moderate doses, previously to paralysing the muscle of the heart, energetically stimulate it. They produce a similar effect on voluntary muscle. 5. The inhibitory terminations of the vagus in the heart are in no way paralysed by the double salts of copper. The opposite opinion of Luchsinger may be due to the fact that the irritability of the vagi disappears in great measure with a severe loss of blood, as after the decapitation of the frog. This is particularly the case if the frog have been badly nourished. Stimulation of the sinus is still capable, however, of effecting stoppage of the heart, proving that the inhibitory apparatus within the heart is not paralysed. And, again, if the blood-pressure within the heart be very high, and the heart be pulsating with unusual energy, stimulation of the vagi in the normal frog will fail to arrest the heart's action.

9. *Binz on Ozonised Air a Soporific Gas.*—A communication on this subject by Binz appears in the *Berliner Klin. Wochenschrift*, 1882, No. 43. The ozone was produced by two Grove's cells, and was freely mixed with air when inhaled. Forty-three experiments were altogether made on twelve individuals. In six of these experiments the result was negative; in the remainder a greater or less degree of sleep or sleepiness was produced, many with symptoms of depression, others with evidence of irritation of the muscles of the face, and a few with an abnormal sensation of warmth in various parts of the body. The air-passages of most persons are highly sensitive to the irritant effects of ozone; and this constitutes an objection to its use, unless it be well diluted with air. The circulatory

system is not affected. As partly explaining the soporific action of ozone, Binz observed that ozonised air brought into contact with the brain-substance very quickly altered it, particularly the nuclei of the cells, much in the same manner as do certain narcotics. He suggests the use of ozonised air in certain forms of asthma, with a torpid condition of the air-passages, as, short of causing sleep, it was observed, when inhaled, always to render breathing more easy, free, and pleasant. This may explain the benefit derived by certain asthmatic patients from residence in parts where ozone is supposed to be unusually abundant, as at the sea-coast, near waterfalls, in woods, and among the Alps.

MATTHEW HAY, M.D.

10. *Albertoni on the Hydroxyl-Benzolin Group.*—Dr. Albertoni contributes an interesting article to *Lo Sperimentale* of August last on the three isomeric substances—pyrocatechin, hydrochinon, and resorcin. Hydrochinon is a good antiseptic and antipyretic, very useful as an injection in gonorrhœa (Brieger), and for external use. It causes no pain or irritation. In affections of the eye (Forster) it has also proved useful. As an antiferment it equals phenol, and has the advantage of not having its local action; it is more soluble in water than boracic acid. Resorcin in medicinal doses in a healthy man has no influence on the pulse, temperature, or general state. It is, from its property of coagulating albumen, an excellent caustic, causes no pain, and does not leave a coloured cicatrix. In a weak solution it may be used, like phenol, for wounds. In acute catarrh of the bladder, often the consequence of gonorrhœa, two or three injections of a weak solution do great good. In erysipelas, pemphigus, rupia, lepra, and poisoned wounds, its effect is excellent. It is useful in suppuration, in concentrated solution to wash out certain canals and cavities, as the vagina, œsophagus, abscesses, the antrum, or the sinus frontalis. In syphilis it may be used as an application to ulcerations, hard and soft chancre, and phagedænic ulcers, in the form of ointment with glycerine or vaseline. It is useful in gastro-enteric affections, cholera infantum, dysentery, and typhoid fever. In chronic affections of the stomach it is better than phenol, salicylic acid, and the hæmostatics, to wash out the stomach (Andeer). In fevers, in doses of half a gramme every hour it produces a fall of temperature of 1 to 1.5 C. With larger doses, the fall of temperature is greater. The fall is rarely maintained more than two hours; it may then rise in some cases higher than before. For external use, it may be dissolved in water $\frac{1}{2}$ to 5 per cent.; as a caustic, in crystals or in concentrated solution. Medicated gauze is prepared with resorcin 15 grammes; alcohol, 450 grammes; glycerine, 150 grammes for every kilogramme of gauze. Resorcinated wadding is made with resorcin, 30 grammes; alcohol, 100 grammes; glycerine, 70 grammes to the kilogramme of wool. For internal use in cholera infantum, it is given in doses of 10 to 50 centigrammes in infusion of chamomile: to adults, as an antipyretic, 2 to 5 grammes in the day.

11. *Albertoni on Cotoïn.*—Coto bark is imported from Bolivia under the name of China-Coto. It is either from a cinchona (Martens), or more probably belongs to the *Laureacea* or *Terebinthaceæ* (Wittstein). A coto bark is also used in Brazil, and this is the bark of *Palicourea densiflora*, nat. ord. *Rubiaceæ*. From extensive physiological and therapeutical researches, Professor Albertoni concludes

CONTINENTAL MEDICAL OPINIONS.

CERTIFIED TRANSLATIONS.

'VIENNA, May 18th, 1882.

'I have examined the Maltine Preparations of the Maltine Manufacturing Company in London, in cases of alimentary disturbances resulting from feverish affections of various kinds, as also in cases appearing in company with affections of the mind (mental affliction), with regard to their alimentary value, and have found these preparations to be of *great excellence*. The same holds good in the case of the Maltine compounds of the same company wherever they are prescribed.

'Prof. MAX LEIDESDORF, M.D.'

'VIENNA, April 28th, 1882.

'Taking for a basis my doctrine on Syphilis and the treatment of that disease without mercury, I recommend the use of the maltine preparation with Iron and Cod Liver Oil, in all cases presenting symptoms of mercurial disease, both as an independent curative remedy, and one promoting the effect of iodine treatments.

'JOSEPH HERMANN, M.D.,
'Imperial and Royal Chief Physician, Vienna.'

'VIENNA, April 8th, 1882.

'The preparations manufactured by the Maltine Company of London, namely, both the pure Maltine and its combinations with Pancreatine and Pepsine, as also those most successful preparations Maltine with Cod Liver Oil and Malto-Yerbine, have attracted my attention through the description which appeared of these remedies in the columns of the *General Vienna Medical News*, and after having had some of them submitted to me for examinations. I carefully analysed them and applied them to practical use among my clients, and I have thus arrived at the conclusion that pure Maltine answers every purpose that can possibly be expected to be attained by the most excellent Malt preparations; and that the combination of the same with Cod Liver Oil forms, in all cases in which Malt and Cod Liver Oil are applied, the best pharmaceutical preparation, and finally, that Maltine with Pepsine and Pancreatine is a capital remedy for cases of indigestion. Malto-Yerbine is most effective in cases of bronchitis and asthma.

'VON VIVENOT, Kt., M.D.,
'Imperial and Royal Privy Councillor.'

'VIENNA, March 29th, 1882.

'The Maltine preparations of the Maltine Manufacturing Company of London, submitted to me for examination and application to practical use, have given me the utmost satisfaction, and they are the *purest malt product* from a chemical and pharmaceutical point of view. The pure Maltine has been produced in the most incomparable manner, and in its application it takes a higher rank than all the official Malt Preparations of the Austrian Pharmacopoeia. Maltine with Pepsine and Pancreatine is a most excellent remedy for derangements of the digestive organs, and the combination of Maltine with Cod Liver Oil is a most reliable remedy for rachitis and scrofula.

'KAHNZBAUER, Physician and Surgeon, M.D.,
'Imperial and Royal Privy Councillor.'

'PARIS, April 29th, 1882.

'I beg to thank you for the parcel of Maltine in its various combinations with other medicines which you have forwarded to me. I have made experiments of the Maltine with Phos. Iron, Quinine, and Strychnine, and the results are most rapid and successful. I consider this preparation an excellent reconstituent, and hope to obtain equally favourable results with the other preparations.

'CHAPUSOT, M.D.'

'PARIS, September 22nd, 1882.

'I have used the different preparations of Maltine which you sent to me, and I am glad to say that I obtained the most satisfactory results.

'The plain Maltine constitutes a most excellent tonic, and, compounded with Cod Liver Oil, it was digested by stomachs which could not bear the plain oil. I feel confident that Maltine will very soon take a most important place in the therapeutics of chronic affections, and especially tubercular and cachectic diatheses.

'Believe me, &c.,

'A. LUTAUD,
'Doctor adjunct of Saint Lazare,
'Doctor in Medicine of the Faculty of Paris.'

'May 2nd, 1882.

'I can only congratulate myself on the use I made of Maltine and its ingenious combinations with the different other active principles of medicine. It has ever been the *beau ideal* of all patients to obtain their medicines in a form both active and agreeable to the taste, and reduced to the smallest possible volume; Maltine enables him, at last, to realise his dream.

'It has rendered me especially important services with convalescents, in cases of dyspepsia, pulmonary consumption, the alimentation of children being weaned; in fact, in every case where a reconstituent is prescribed.

'BRUN, M.D.'

CANADIAN TESTIMONIALS.

'OTTAWA, September 10th, 1880.

'For the past few months I have recommended Maltine and its compounds in general debility of the system, the result of pulmonary disease and nervous exhaustion; I have found the preparations particularly serviceable.

'J. A. GRANT, M.D., F.R.C.S.'

'TORONTO.

'I have received a specimen of Maltine, and I find it a perfectly pure preparation, containing a large amount of all the valuable constituents of Malt, and from chemical analysis and personal experience of its use have no hesitation in most strongly recommending it.

'HENRY H. CROFT,
'Prof. Chem. University Coll., Toronto.'

'MONTREAL (QUEBEC).

'Having seen Maltine and its preparations extensively used in Europe, and having used it in my own case when apparently everything else failed, I can recommend it as *vastly superior* to other preparations of a similar kind. My attention was first directed to Maltine by the Senior Surgeon of a London Hospital, at a time when my health was in such a precarious condition that many of the most eminent men in England advised a change of climate as the last resort. By using it for a short period I was enabled to resume hospital work and spend some time longer both in London and Paris without serious inconvenience. I returned to this country entirely restored. I consider Maltine the *most important constructive agent* known in pulmonary phthisis, increasing weight and strength much more rapidly than Cod Liver Oil or other nutritive agents, upon which we have been accustomed to rely. I use it and its combinations extensively, both in private and dispensary practice for such cases, and always with the most encouraging results.

'J. P. F. JENKINS, M.D., C.M.W.C.P.S., &c.'

Award of Merit—International Medical Exhibition, London, 1881.

THREE GOLD MEDALS.



A Concentrated Extract of Malted Wheat, Oats, & Barley.

The Original and only Preparation composed of these three Cereals.

Prescribed by the most eminent members of the Medical Profession in the United Kingdom, America, India, China, and the Colonies, and largely used for patients at the principal Hospitals in preference to all other Extracts of Malt.

The word **MALTINE** is our Registered Trade Mark, and applies solely to our preparations.

In its preparation the temperature employed does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. The German process, under which Extracts of Malt are made from Barley alone, directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE Plain
MALTINE with Hops
MALTINE with Alteratives
MALTINE with Beef and Iron
MALTINE with Cod-Liver Oil
MALTINE with Cod-Liver Oil and Pancreatine
MALTINE with Cod-liver Oil and Iodides.
MALTINE with Cod-liver Oil and Phosphorus
MALTINE with Cod-Liver Oil and Phosphates
MALTINE with Iodides
MALTINE with Hypophosphites

MALTINE with Phosphorus Comp.
MALTINE with Peptones
MALTINE with Pepsine and Pancreatine
MALTINE with Phosphates
MALTINE with Phosphates, Iron, and Quinia
MALTINE with Phos., Iron, Quinia, & Strychnia
MALTINE Ferrated
MALTINE WINE
MALTINE WINE with Pepsin and Pancreatine
MALTO-VERBINE
MALTO-VIBURNIN

NOTES AND QUERIES ON MALTINE.

Why does Maltine (malted wheat, oats, and barley) contain much larger proportions of Constructive and Nutritive properties than the best Extracts prepared from Barley alone?

Because Chemical Analysis has shown that Wheat and Oats contain much larger proportions of Albuminoids and Nitrogenous elements than Barley. Gluten, which is found very abundantly in Wheat, is the most nutritious element obtained from the Cereals, and the only vegetable substance that will support life indefinitely. Wheat contains from 15 to 35 per cent. of Gluten. Its proportion in other grains is insignificant. (*See Flint's Physiology of Man, p. 52.*) The Nitrogenous principles of Wheat and Oats, when malted, are more soluble than they are in Barley, and it is for this reason that dairymen will pay fivepence to sevenpence per bushel for the refuse of grains from malted Barley, whereas they will not accept the refuse grains from Malted Wheat and Oats as a gift.

Wheat and Oats stand first among our list of Cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat-producing elements. 'Baron VON LIEBIG.'

Why does Maltine contain much larger proportions of the digestive principle, Diastase, than the ordinary Extracts prepared from Barley alone?

Because the Gluten and Ceraline in the Malted Wheat have sufficient power to convert all the starch of the three Cereals into sugar, leaving the unemployed Diastase of the Wheat, Oats, and Barley in the Maltine. Gluten and Ceraline act as powerful ferments, transforming starch, first into dextrine, and then into sugar. (*See Flint's Physiology of Man, p. 53, and Watts' Dictionary of Chemistry, vol. i., p. 657; vol. ii., pp. 625 and 823.*)

Drs. William Roberts and J. Milner-Fothergill recommend Maltine to be mixed with the food, or taken during the meal, to get the best effects of the digestive principle, Diastase. — *Practitioner*, January 1881.

We shall be pleased to furnish Samples of our preparations to any Medical Practitioner desiring them.

Maltine will keep perfectly in any climate or season of the year.

MALTINE and COMPOUNDS in Bottles containing 8 and 16 fluid ounces, equal in weight to 12 and 24 ounces, and in Winchester Quarts, 120 ounces in weight.

THE MALTINE MANUFACTURING COMPANY, LIMITED.

24 & 25, Hart Street, Bloomsbury, London, W.C.

that no drug is equal to cotoïn in the treatment of diarrhœa; in the diarrhœa which complicates the different forms of mental alienation, general paralysis, and paralytic dementia, in simple chronic intestinal catarrh, in the diarrhœa (cachectic) of consumption, anæmia, and malaria. It is most useful in the diarrhœa of phthisis, also in the diarrhœa of infants and during dentition, and in the diarrhœa of pellagra. The dose is 15 to 20 centigrammes, or more; 40 to 60 centigrammes may be given in the day. It is best given in the form of powder, or suspended in mucilage. Cotoïn does not act as a direct astringent, nor does it lessen peristaltic movements. It does not cause constipation in the healthy. Its power is antimycotic and antiseptic, being especially obnoxious to the micro-organisms accompanying diarrhœa; having this advantage over quinine, carbolic acid, thymol, or other well-known antiseptics. It also possesses a special action on the intestinal epithelium, modifying its physiological properties and stimulating its nutrition. Cotoïn also checks salivation, and the night-sweats of phthisis (Fronmüller).

12. *Fiore on the Action of Thymol on the Circulation*.—Dr. Fiore used thymol in fever and in apyrexia, with heart sound or diseased, taking observations of the temperature, pulse, respiration, blood-pressure, in doses from $\frac{1}{2}$ gramme to 5 grammes. The observations were taken every quarter of an hour. Sixteen individuals were experimented on. He concludes that thymol produces rapid and considerable fall of temperature and diminution of the frequency of the pulse in fever. In healthy persons also it retards the pulse. In the sphygmographic tracings is seen in most cases a tendency to rounding of the curves, and at the bifurcation of the apex of the curve a greater accentuation of the oscillations of elasticity. With the fall of temperature, the blood-pressure diminishes. Thymol, while it lowers the temperature, has no bad effect on the heart; and can therefore be considered a true antipyretic remedy.

13. *Bartoli on Some Uses of Salicylate of Soda*.—A widely diffused and very severe epidemic of fever, which the author would call gastric-rheumatic, presented these general characters: severe onset and prodromata; morning remission; afternoon exacerbation; the three stages well-marked, cold, heat, sweat; in some cases diurnal remission and exacerbation doubled in the twenty-four hours. The pulse weak and small; there was great heat of skin; the urine was turbid; there were rheumatic pains in the joints; the tongue was either laden with white fur, or dry cracked, and dark red. Sordes were present in bad cases; the belly was swollen and painful; there were acute headache and somnolency, quick and difficult breathing, and delirium, sometimes complicated with pneumonia or becoming typhoid. The duration of the disease was twenty to thirty days. When it is epidemic, two-fifths of the inhabitants are attacked. Dr. Bartoli has seen six individuals in one family, aged from ten to thirty. It was prevalent in August, September, and October. No treatment was of any avail until salicylate of soda was tried. Quinine in large doses did no good, though it lowered the temperature and changed the fever from remittent to continued. Three to five grammes (45 to 75 grains) of salicylate of soda with sixty centigrammes (nine-tenths of a grain) of quinine were given in the day. Over 300 cases were seen by the author. Improvement began at once, and

within five or six days the fever was cut short and convalescence set in. In rheumatic pains, with or without fever; in local rheumatism, torticollis, or lumbago, the author has found friction with the following, three times a day, most useful when all other remedies had failed: R Salicylate of soda, seven grammes; extract of belladonna, six grammes; vaseline, thirty grammes.

14. *Bianchi on Chloroform-Water in Gastric Irritation*.—Weak alkaline solutions have been employed in many chronic affections, carcinoma, catarrh, dilatation, &c., of the stomach, with great benefit, thus getting rid of the accumulations which cause the fermentations, of which many, under different conditions, take place in the stomach. Bianchi was led to use chloroform-water from the well-known antizymotic properties of chloroform, and finds it most successful. He quotes at length three cases in which it did good—gastric carcinoma, chronic gastritis, and gastric catarrh, with distension of the stomach. A litre of chloroform-water is introduced, and allowed to remain from a few seconds to a minute. The chloroform does not irritate the mucous membrane of the stomach, but seems rather to excite it to more active function and secretion of gastric juice. Though the litre of water may contain from 5 to 10 grammes of chloroform, there is no effect on the organism at large, as the stomach absorbs it slowly, and with difficulty.

15. *Morselli and Bergesio on the Hypnotic Action of Paraldehyde in Mental Alienation*.—The discovery of the hypnotic property of paraldehyde is due to Dr. Vincenzo Cervello of Palermo; and from his experiments on animals, and Morselli's on the insane, it must be considered as a valuable substitute for chloral. Paraldehyde does not lower the arterial pressure, as chloral does, even in small doses. During sleep caused by it, there is cessation of reflexes, the arterial systolis slightly raised, the pulse is diminished in frequency, but regular. In doses of 2 to 3 grammes it induces a tranquil reparative sleep, not followed by headache, loss of appetite, mental confusion, as after chloral. It is very useful in the periodical mania of progressive paralysis, in acute and chronic mania, delirium tremens, &c.

G. D'ARCY ADAMS, M.D.

16. *Dabney on the Treatment of Empyema*.—In an elaborate article on this subject in the *Amer. Jour. of the Med. Sciences* for Oct. 1882, Dr. William C. Dabney draws the following conclusions. 1. 'Medicinal' treatment, as it has been called—namely, treatment without operation—occasionally gives favourable results, but is not advisable, inasmuch as cases so treated are liable to terminate in one or other of the following ways: *a*, sudden death; *b*, exhaustion; *c*, suffocation; *d*, phthisis; *e*, septicæmia; *f*, calcareous degeneration of the pus; *g*, secondary pneumonia and gangrene of the lung; *h*, peritonitis from the bursting of the empyema into the peritoneal cavity; *i*, amyloid degeneration of the liver, kidneys, &c. 2. Aspiration has given good results in the case of children, and should be tried in them before the radical operation is resorted to. Aspiration and immediate washing out of the pleural cavity through the aspirator (Kashimura's treatment) has not been used sufficiently often for any conclusion as to its efficacy to be reached. 3. Free incision into the pleural cavity is usually necessary; and the best point for such an incision, when only one is made, is at the lowest point of the purulent collection, and directly below the angle of the scapula. Costal

resection is to be avoided if possible, especially in children. 4. Continuous is preferable to intermittent drainage, because, *a*, the danger of absorption is thereby lessened; *b*, there is usually less danger of irritative fever; *c*, the empyemic cavity is placed in a better position for healing. Continuous drainage is best effected by a drainage-tube. 5. Through drainage is only advisable in cases where the discharge is very fetid, and where a single opening has proved insufficient. 6. The thoracic opening should not be allowed to close, if more than two drachms of pus be discharged daily. 7. The danger of sudden death during thoracentesis or injection of the pleural cavity, when proper care is used, is so slight that it may practically be disregarded; but when injections are used, especial care should be taken to see that they have a free outflow. 8. Simple injections of pure water are often sufficient, but compound tincture of iodine, one part to four of water, is devoid of danger, and hastens recovery. This will usually check fetor also; but if it do not, salicylic acid or permanganate of potash in one-half or one per cent. solution may be employed. Carbolic acid is dangerous, as is boracic acid also. 9. Listerism would probably be advisable in city or hospital practice, but is of doubtful efficacy in the country, and under no circumstances should it be allowed to interfere with thorough drainage.

17. *McColgan on the Use of the Ether-Spray in Neuralgia.*—Dr. McColgan extols (*Southern Practitioner*) the value of the ether or rhigolene spray for the instantaneous relief principally of facial neuralgia. He first had occasion to observe its good effects upon his own person, he having suffered greatly from facial neuralgia. Since curing himself, he has had occasion to test its efficacy in about twenty cases. The result was invariably a most gratifying success. In many instances, a permanent cure was established. He attempts to explain its action, by supposing a complete change to take place in the nutrition of the affected nerve in consequence of the intense cold acting as a revulsive.

MEDICINE.

RECENT PAPERS.

1. SEMMOLA.—Addison's Disease. (*Gazz. Med. Ital. Prov. Venete*, Nov. 11, 1882.)
2. MASSEI, F.—On the Treatment of Diphtheria. (*Tenth Congress Ital. Med. Assoc.*)
3. COLOMIATTI.—Contribution to the Study of Acute Right-sided Endocarditis. (*Tenth Congress Ital. Med. Assoc.*)
4. PERRONCITO, E.—The Anæmia of Miners. (*Ibid.*)
5. VIZIOLI.—On Functional Cramp. (*Ibid.*)
6. PERRONCITO, E.—On the Preventive Inoculation of Malignant Carbuncle. (*Ibid.*)
7. GRIFFINI AND CAMBRIA.—On the Etiology of Croupous Pneumonia. (*Giornale Internaz. delle Scienze Med.*, Art. IV.)
8. DOZZI.—Intraperitoneal Transfusion of Blood, and Blood-Injection by the Rectum. (*Gazz. Med. Ital. Prov. Venete*, No. 31.)
9. CARMONA DEL VALLE.—Medical Etiology of Velvety Fever. (*El Siglo Médico*, Nov. 19, 1882; and *Gaceta Med. de Méjico*.)
10. LEUDET.—The Contagiousness of Phthisis.
11. SAUNDBY.—Idiopathic Pericarditis. (*Birmingham Med. Review*, Oct. 1882.)

12. KOCH.—Operative Procedures in Phthisis. (*Deutsches Med. Wochenschr.*, No. 32, 1882.)
13. SCHMITZ.—Gastric Accidents in Diabetes. (*Fuhrer-bericht*, 1882.)
14. BORCHEIM.—Paroxysmal Hæmoglobinuria. (*New York Med. Record*, Dec. 16, 1882.)
15. LAURE.—Albuminuria following Tonsillitis. (*L'Union Méd.*, Dec. 28, 1882.)
16. LECORCHÉ.—Diabetic Endocarditis. (*Le Progrès Méd.*, No. 48, 1882.)
17. ROBERTS.—Diabetic Coma. (*Brit. Med. Jour.*, Nov. 25, 1882.)
18. WEBER.—Acute Cardiac Disease in Locomotor Ataxy. (*New York Med. Record*, Dec. 9, 1882.)
19. PINCHAUD.—Thyroiditis in Typhoid Fever. (*Jour. de Méd. et de Chir.*, Dec. 1882.)
20. BOISSARD.—Albuminuria and Anasarca from Contusion of the Kidney. (*La France Méd.*, Sept. 23.)
21. VERNEUIL.—The Treatment of Obstinate Neuralgia. (*Le Prog. Méd.*, No. 49, 1882.)
22. POULET.—The Contagiousness of Phthisis. (*Le Concours Méd.*, Nov. 18, 1882.)
23. HOFFMANN.—The Etiology of Congenital Heart-Disease. (*Trans. of German Med. Congress*, 1882.)
24. KELLER.—The Headache of Adolescents. (*Le Progrès Méd.*, No. 47, 1882.)
25. GRAZZI.—Ménière's Disease and its Treatment (*Gazz. degli Ospitali*, Dec. 10 and 13.)
26. PETRONE.—Solid Pneumonia. (*Lo Sperimentale*, Nov. 1882.)

1. *Semmola on Addison's Disease.*—Semmola, by new studies, confirms the opinion that Addison's disease must be considered an affection of the central nervous ganglia, and that the anatomical alterations of the suprarenal capsules are not the point of departure of the disease; but where they exist, they represent trophic disorders produced by the nervous filaments which preside over the nutrition of these organs, and this he demonstrated at the International Congress in London with drawings which showed the microscopical alterations of some points of the central ganglia and of the dorsal section of the spinal cord, the alterations being a myxomatous transformation of the stroma of the coeliac axis, and leucocytic infiltration of the spinal medulla around the central canal. In another case he has observed fatty degeneration of various points of the solar plexus. The first case of which he presents the drawing is interesting, in that under the microscope it revealed no alteration in the suprarenal capsules. He concludes that Addison's disease is a profound disorder of the renal nutrition, determined by the successive alteration of the functions of the sympathetic and of the different nervous centres of organic life (coeliac axis, &c.) And with the help of the physio-pathology of the central nervous ganglia, he explains all the successive symptoms of the malady, such as the disorders of digestion, the cachexia, the lowering of the temperature, &c. The discolouration of the skin, when no lesion of the suprarenal capsules can be found, may be attributed to the influence of the sympathetic and central nervous ganglia, which are certainly concerned in the formation of pigment. Not a few cases of melanodermy have occurred a few days after violent moral emotion.

Semmola confirms his assertion by quoting a case of Addison's disease, accompanied by syncope, in which the electrical current passed from the neck to the epigastrium did good. In other cases, with the same treatment, there were restoration of strength

increase of the temperature to the normal, improvement in digestion, and, above all, gradual disappearance of pigmentation.

2. *Massei on the Treatment of Diphtheria.*—Dr. Massei discontenances the use of caustics, having always seen them do harm. Amongst solvents of the false membranes, he prefers lime-water. From pilocarpin he has not seen much good; cases that would have recovered under any treatment did well with it; others did badly, and these would have probably died under any other treatment. Pilocarpin depresses the heart's action; and, as the tendency in diphtheria is to adynamia, its employment in repeated doses is to be deprecated. As antiparasitics he has tried perchloride of iron, sulphur, carbolic acid, and chloral, and is sceptical as to their good effects. To dissolve the exudation is not to cure the disease; a medicine is wanted which would paralyse the morbid infection. This has been found in other affections; but at present, in diphtheria we can only treat symptoms. The application of ice does good in favourable cases, and in those in which there is œdema of the neck. The most rational treatment is to create a medicated atmosphere, by means of a steam-vaporiser, kept constantly at work in the sick room; and to paint the throat carefully every two or three hours with a solution of chloral in glycerine (1 in 5). In the second period, when the false membranes begin to loosen, steam-inhalations do good by assisting their detachment. When the quantity of membrane causes distress, the throat may be painted thus: first dried with bibulous paper, and then brushed with a solution of balsam of Peru (1 to 5). Every precaution must be taken, by isolation of the patient, careful disinfection of instruments and clothes, &c., not to carry the infection.

3. *Colomiatti on Acute Endocarditis limited to the Right Side of the Heart.*—The author describes five cases of acute endocarditis of the tricuspid valve; and, having shown that these are not so rare as is supposed, points out that the affection may fall on the tricuspid or on the pulmonary sigmoid valves only, or on the both at the same time: that it may be perforating in one orifice, whilst it is as a vegetation in the other: that it has nothing to do with sex or age, being found in infants, and in youth and old age in both sexes. From a sixth case, he proves that endocarditis may affect only the right parietal endocardium, and from their first origin the vegetations may be limited to the right auricular appendage. In all the cases the microscopical examination of the vegetations showed that these consisted of embryonic connective tissue, the elements of which were for the most in a state of fatty degeneration. The vegetations were very easily torn, and frequently gave origin to pulmonary emboli.

4. *Perroncito on the Anæmia of Miners.*—The anæmia is owing to the presence of parasites, ankylostomes, and the only efficient remedies are antiparasitic, especially the ethereal extract of male fern. Under this treatment, in a month or little more, the patient, with the cure of the simple anæmia, is completely restored. The author has visited many mines in Italy and other countries, especially Hungary. In that country, above all in the mines of Sednitz, the ankylostomes were very abundant. The cases did very well with the St. Gothard cure (male fern). Rules are now in force which prevent or render extremely difficult the propagation of this malady, which for centuries has

there numbered its victims by hundreds. Ankylostomes were also found in the mines of Saint Etienne and in the sulphur-mines of Lercara. There are none in the mines of Sardinia, and anæmia is not found; but the miners of Sardinia are under strict military rule; they bathe often, and there are regulations which keep the galleries of the mines clean, and no fæces are allowed to be deposited in them. This may be the cause of these mines being healthy.

5. *Vizioli on Functional Cramp.*—It is difficult to explain the functional cramps of telegraphists, violinists, &c., and to decide if the origin be central or peripheral. Dr. Vizioli exhibited a case before the Medical Section of the Italian Medical Association in September, in a violin player. The patient had followed his profession for forty years, and had always enjoyed perfect health, until nine months ago, when after being unusually fatigued, and having smoked a great deal, he was seized with faintness and fever. On recovery, he found himself in the following state: his left hand was fixed in the position of pressing the violin-strings, with a rotation outwards; the right in abduction, in the attitude of holding the bow. At the baths of Ischia he obtained some advantage. He could no longer play the violin, so he took up the guitar. In this case, was the origin central? It would seem so, as both hands were suddenly affected, and remained so. Was the origin single or double? At first sight it would seem double, but this is difficult to explain. The hyperæmia which accompanies an organ in function is become in this case excessive, a true hæmorrhage. Certain movements, co-ordinated in the manner acquired by long habit, establish co-ordination in certain cerebral cells. The lesion, though central, must be admitted as single. The mechanical cure of Wolf did great good in a telegraphist. In this case, this and electricity are to be tried. At Naples, there are hot baths especially adapted to the treatment of these cases.

6. *Perroncito on the Preventive Inoculation of Malignant Carbuncle.*—With Pasteur's vaccination, two to three inoculations have to be made with attenuated virus of increasing power, to obtain immunity from spontaneous or artificially induced carbuncle. This requires not less than twenty-four to thirty or more days from the first protective inoculation, in which time an infected flock might be destroyed. Dr. Pagani, of Placentia, returning from France, where he had been sent by his Province to witness Pasteur's experiments, went to Florence to consult Dr. Perroncito. He doubted, for the above-mentioned reasons, that Pasteur's system could become general or be of much practical benefit. He invited Perroncito to take the subject up, and to find out if it were possible to use one protective inoculation only. Perroncito at once set to work, and with his cultures and methods succeeded. The Agrarian Commission of Placentia initiated a public trial, which began on Aug. 26 last, on twelve animals. Of these, five oxen were inoculated, the other serving as proof. The inoculated animals had more or less feverish reaction, but did not lose flesh at all. On Sept. 9, two sheep were inoculated by Perroncito with strong virus: one of these died of carbuncle two hours before the time fixed for the final experiment or proof. On the 11th, about 10 A.M., all the animals, vaccinated and non-vaccinated, were inoculated with half a cubic centimetre of defibrinated blood from the heart of the sheep which died; this was first seen to be rich in bacteria. The

inoculated animals did not suffer in the least, and presented no alteration of temperature; while of the other animals, two died the second day, a third after sixty hours, a fourth was left dying on the 19th (eighth day), and the fifth was gravely ill.

The experiment thus answered perfectly. But Perroncito at the same time had experimented on a herd in a most infected part of Tortonese. Ninety-eight animals, of which one was already very ill, were inoculated with his liquid, and forty-one with the weak vaccine of Pasteur's system. In the first series, there was not one unsuccessful case, and no more contracted carbuncle; in the second, some died as if not vaccinated. Twelve other animals were experimented on: of these five were inoculated. On the seventeenth day, half a cubic centimetre of carbuncular blood was inoculated in all. Of the seven non-vaccinated, five died, one was in danger of life, and the other very ill. The other five remained well, and had no increase of temperature.

7. *Griffini and Cambria on the Etiology of Croupous Pneumonia.*—The object of the author's experiments was to determine—1. If, in the sputa and blood of persons affected with croupous pneumonia, there constantly existed special microphytes, and if these corresponded to the *monadines* of Klebs: 2. What might be the action of fresh sputa of pneumonic patients, separated as much as possible from the saliva, if introduced under the skin or in the respiratory track of animals: What the action of defibrinated blood injected into the peritoneal cavity or by the trachea into the lung, or of its fibrine inoculated under the skin, might be. 3. What action had the saliva of pneumonic patients injected under the skin or into the trachea? 4. Given the existence of a particular microphyte, and its cultivation obtained, what action did this display, when introduced under the skin or into the respiratory tract? 5. Could one, by means of the injection of common irritants by the trachea into the lungs, obtain an artificial croupous pneumonia, with the characters of that natural to man; and do animals, previously infected with material derived from pneumonic patients, feel more strongly the action of the common irritants? The conclusions of their long and diligent researches were the following. 1. In the blood and in the sputa of pneumonic patients there exists a special bacillus, differing from the *monadine* of Klebs. 2. The sputum of pneumonic patients separated from the saliva, injected under the skin and into the trachea of rabbits and dogs, produces invariably in all a malady with the clinical and anatomical characters of acute septicaemia, which is always fatal. The blood of these animals, taken many hours before death and inoculated under the skin of another, kills it rapidly. Disinfection of the mouth does not modify the lethal action of the sputa. The authors do not wish to assert that this action is proper only to the sputum of pneumonia, since the experience of Senator would show that fresh bronchial mucus produces identical fatal phenomena. 3. The saliva of pneumonia kills rabbits rapidly, while in dogs it produces only an abscess where injected. 4. Defibrinated blood of pneumonic patients, injected into the peritoneal cavity and into the trachea of rabbits and dogs, produces in the latter variable and insignificant elevations of temperature, but never any form of inflammation of the lung. The fibrine of this blood injected under the skin causes the death of a rabbit, while it remains inactive on a sore. 5. The liquids of the various cultivations

of the bacillus of the blood of pneumonic patients, injected under the skin and in the trachea, when this bacillus is found in various stages of vegetation, produce in dogs and rabbits irregular elevations of temperature, but no alteration in the lungs or other organs. The elevations of temperature were higher in rabbits if the liquid were of the first cultivation; the blood of these rabbits, containing the same bacillus, inoculated in others, produced analogous elevations of temperature. The injection of a drop of the cultivation-liquid into the anterior chamber of the eye of a rabbit produced a strong local suppuration, and death by successive septic infection. 6. The bacillus of the sputa and blood of pneumonic patients is always transmitted to rabbits and dogs; inoculated into their blood, it can always be found during life in moderate quantity, increasing after the death of the animal. But the bacillus, transmitted to the blood of the animals, does not produce croupous pneumonia, and its existence in the blood in pneumonia is to be considered a secondary fact; it is probably introduced with the air into the lungs, and there multiplies and passes into the blood. 7. Strong ammonia injected in small quantity by the trachea into the lungs of dogs, whether they had been previously injected with cultivation-fluid or blood or not, invariably produced a form of croupous pneumonia, which was always lobar if the animal lived some days. Preceding infection with material derived from pneumonic patients did not establish any predisposition in the animal; the ammonia then in this case does not act as a simple occasional cause, but by itself alone is capable of producing a true croupous lobar pneumonia. Therefore, croupous pneumonia is not an infectious malady.

8. *Dozzi on Intra-peritoneal Transfusion and Blood-injection per Rectum.*—Dozzi has tried with a fatal result in two cases intra-peritoneal transfusion of blood. 1. A youth, aged 20, was suffering from splenic hypertrophy and pernicious anaemia. Three hundred grammes of the blood of a lamb were injected into the peritoneum; three hours afterwards there was an attack of fever; the temperature continued to ascend, he became delirious, and after twenty-four hours died. At the necropsy, the transfused blood was found to have been completely absorbed, and there was no trace of peritonitis. 2. A woman, aged 50, was suffering from pellagra, mental alienation, anaemia, and enteritis. Intra-peritoneal injection of 200 grammes of human blood was performed. In the first twenty-four hours the temperature rose to 41° C. (105.8° F.), and in the succeeding two days subsided; but on the seventh day an oedematous redness was noticed on the lower right part of the abdomen. The fever returned, and death took place on the tenth day. At the necropsy, besides degeneration of the various organs and general bronchitis, the abdominal parietes were found to be infiltrated with pus, and the vessels of the peritoneum injected with blood. After these two unsuccessful cases the author determined to try injections of blood by the rectum. The following are the cases. 1. A boy aged 13, with pellagra very pale and weak, was cured with eight injections. The blood injected was only retained at first in part, afterwards entirely. Ox blood was used, defibrinated, 1½ litres at a time. 2. A boy, aged 12, a cretin, with pellagra, had eleven injections of two litres; one-fifth to two-fifths were rejected; great improvement followed. 3. A woman, aged 40, had splenic leucocythæmia: twenty-eight injections, each of 1½ litre of blood, were made,

two-thirds being retained; she was cured. 4. A woman, aged 40, had pellagra and splenic hypertrophy: thirty injections were followed by cure. The blood must be collected as it comes from the animal, defibrinated, and kept in a water bath. The injection ought to be preceded by a clyster to wash out the bowel, and made with a pressure not exceeding three mètres. The blood introduced must be retained as long as possible.

9. *Carmona del Valle on the Etiology of Yellow Fever.*—Dr. Carmona del Valle, in the *Gaceta Médica de Mejico*, describes his discovery of the specific parasite of yellow fever, and proposes to call it *Peronospora lutea*. The germs of this cryptogam are found in all the secretions, and in the organic liquids, particularly the blood and the serum of blisters. In the vomit he has recognised, besides spores, a great quantity of *mycelium* of different colours, but chiefly black; and this gives the colour to black vomit, and not blood, as is commonly supposed. In the urine he has observed the presence of small yellow granulations, which afterwards give origin to the spores. This urine, injected into rabbits and dogs, produces a fever with elevation of temperature for two or three days, with the appearance of the same yellow granulations in the urine of the animals. This injection is protective. To secure immunity from a second attack, it is only necessary to inject a small quantity of distilled water in which the fungus has been macerated. The spores are found for a long time, if not always, in the urine of individuals who have had yellow fever. This persistence of the cryptogam explains, according to Dr. Carmona, the immunity to a second attack. Dr. Carmona experimented on himself with the prophylactic fluid, and experienced no bad effect; but he afterwards found the specific granulations in his urine, and these remained for a long time.

G. D'ARCY ADAMS, M.D.

10. *Leudet on the Contagiousness of Phthisis.*—Dr. Leudet, of Rouen, at the International Congress of Hygiene held at Geneva last September, gave an account of fifty-six families, all belonging to the better classes, of which in fifteen the husband was tubercular at marriage and the wife then healthy, and in forty-one the wife was alone affected. Of the first fifteen, in five the wives became affected, two having had relatives dying of consumption, and a third not becoming affected till ten years after her husband's death. Of the other series only three husbands became affected, and of these one had lost a sister from tuberculosis. Of five wives who became tuberculous after marriage, four had children, but only one lost any from tuberculosis. Of the ten wives who escaped, nine had children, and five lost one or more from this disease. He concludes as follows. 1. Wives contract tuberculosis more readily from their husbands than husbands from their wives. 2. Wives who are not themselves affected may give birth to children who die of phthisis. 3. Marriage hastens the fatal termination of the disease. 4. Tuberculosis may often develop among different members of the same family at short intervals without hereditary predisposition.

11. *Saundby on Idiopathic Pericarditis.*—Dr. Saundby (*Birmingham Med. Review*, Oct. 1882) records two cases of pericarditis. The first was in a little girl with a strong rheumatic family history, who had had scarlatina, and was suffering from chorea before admission. She died, and the necropsy showed pericarditis, endocarditis with vegetations

on the mitral valve, and pulmonary infarcts. The second case was a young man, with a doubtful family history of rheumatism, whose attack came on suddenly, without premonitory symptoms or joint-affection. He had had scarlatina and small-pox. There were no acid sweats. The urine at first contained a trace of albumen, which disappeared and never returned. There was soft double friction-murmur, loudest over the fourth left interspace near the sternum. After blistering this disappeared gradually, and the patient made a good recovery. This latter case would be ordinarily called idiopathic pericarditis, but Dr. Saundby hesitates to call it so, especially as in a similar case Dr. MacMunn has found in the urine a pigment which he calls uro-hæmatin, and which he had never found before except in cases suffering from acute rheumatism. It appears, therefore, possible that pericarditis may be the only manifestation of a rheumatic attack.

12. *Koch on Operative Procedures in Phthisis.*—Koch (*Deutsches Med. Woch.*, 1882, No. 32) has operated on two cases of phthisis with large cavities, by resection of a portion of rib, and exposing the cavity, emptying it, washing it out with an antiseptic solution, and cauterising the walls with the galvanocautery. In the first case, three operations were performed, and it was proposed to deal with several other cavities. In the second, death occurred from septicæmia. He regards the operation as indicated in, 1, chronic gangrene of lung in bronchiectasis; 2, acute gangrene of the lung where the sphacelated tissue cannot be eliminated, and is surrounded by hepatised and oedematous lung; 3, where foreign bodies are present in the air-passages, and cannot be got rid of by the natural channels; 4, in fœtid and putrid bronchitis, without signs of bronchiectasis; 5, in the rare case of quite localised pulmonary tuberculosis.

13. *Schmitz on Gastric Accidents in Diabetes.*—Dr. Schmitz, of Neuenahr (*Fahresbericht*, 1882) has observed in four cases of diabetes the sudden occurrence of bilious vomiting, violent colic, pain in the upper part of the abdomen, somnolence, small pulse, rapid breathing, all the phenomena of diabetic coma. The sugar in the urine diminished. Two patients died the next day, two others recovered after a violent purgative. He thinks such cases originate in some derangement of the duodenal digestion, causing the transformations which the sugar should undergo in the intestines to be incomplete. He thinks that the best resource is energetic purgation.

14. *Borheim on Paroxysmal Hæmoglobinuria.*—Dr. L. E. Borheim (*New York Med. Record*, Dec. 16, 1882) records the case of a Portuguese in New York who had had yellow fever and intermittent fever, but was quite well for some years till five years ago, when he noticed that his urine became bloody on exposing himself to cold. The urine at first was like strong coffee, but became gradually paler, and was normal in about ten hours. In the intervals the urine was quite normal. The spleen was slightly enlarged. During the attack the temperature was 99.8° Fahr.; the urine contained hæmoglobin as shown by the spectroscope, and a large amount of albumen, but there was no deposit (?)

15. *Laure on Albuminuria following Tonsillitis.*—Laure (*L'Union Méd.*, and *Journ. de Méd.*, Dec. 28, 1882) having referred to the memoir of M. Lasgèze in the *Archives de Médecine* for 1880, arrives at the conclusion that albuminuria may occur in cases of rheumatic sore throat, and also in simple and

phlegmonous angina. The albuminuria is usually transitory, but sometimes is obstinate, and is the point of departure for a structural lesion of the kidneys. Such cases are certainly not merely latent or imperfectly developed scarlatina. He accepts the view of Kannenburg, that the albuminuria is caused by the irritation of the kidneys from the passage of bacteria into the urine. He recommends salicylate of soda in cases of rheumatic origin, milk diet, diuretics, jaborandi, tannin or ergotin with quinine in pills; and finally, in obstinate cases, punctate cauterisation of the lumbar region.

16. *Lecorché on Diabetic Endocarditis*.—M. Lecorché, in a paper read at the Académie des Sciences (*Le Progrès Méd.*, No. 48, 1882) describes a form of endocarditis produced by diabetes. It generally attacks the mitral valve, precipitates the termination of the case, and is apparently due to the action of the sugar on the endocardium.

17. *Roberts on Diabetic Coma*.—Dr. Prescott Roberts (*Brit. Med. Jour.*, Nov. 25, 1882) reports a case of diabetic coma, which was preceded by pains in the stomach and chest, vomiting and increased thirst. The bowels were open. There was no dyspnoea. After being unconscious two hours the patient rallied, and remained afterwards somnolent but conscious. The urine contained albumen and sugar. Death occurred suddenly about thirteen hours after the seizure.

18. *Webber on Acute Cardiac Disease in Locomotor Ataxy*.—Dr. L. Webber (*New York Med. Record*, Dec. 9, 1882) records a case of locomotor ataxy, in the course of which, without the occurrence of rheumatism at any period of life, or known existence of any of the recognised causes, endocarditis and pericarditis supervened. The first cardiac symptoms occurred after sexual intercourse. A permanent systolic apex-murmur resulted.

19. *Pinchaud on Thyroiditis in Typhoid Fever*.—M. Pinchaud (*Jour. de Méd. et de Chir.*, Dec. 1882) draws attention to inflammation of the thyroid gland as an occasional complication of typhoid fever, as well as of pyæmia, pneumonia, small-pox, the puerperal state, bronchitis, and convalescence from cholera. Suppuration is almost inevitable. The prognosis is always great, but recoveries are more common than might be expected. Antiseptic precautions in evacuating the pus are enjoined.

20. *Boissard on Albuminuria and Anasarca from Contusion of the Kidneys*.—M. Boissard (*La France Méd.*, Sept. 23, 1882) reports a case of anasarca occurring after contusion of the loins. There was no hæmaturia, the urine was abundant, but contained a large amount of albumen. The anasarca disappeared in eight days, but the albuminuria persisted for a month.

21. *Verneuil on the Treatment of Obstinate Neuralgia*.—M. Verneuil in a communication to the Surgical Society of Paris (*Le Prog. Méd.*, No. 49, 1882), referring to the surgical treatment of obstinate neuralgia, said that all therapeutic resources should be exhausted before surgical interference was undertaken. He recalled a case which was cured by hyoscyamin, after resection of all the ends of nerves and even amputation had failed.

22. *Poulet on the Contagiousness of Phthisis*.—Dr. Poulet (*Le Concours Méd.*, Nov. 1882) says that, out of sixty-four cases in which one of a married couple has died of tuberculosis at the age of fecundity, he has only met with two cases in which the other partner has become phthisical, and this after a lapse

of time and with predispositions which should exclude all idea of transmission.

23. *Hoffmann on the Etiology of Congenital Heart-Disease*.—W. von Hoffmann (*Trans. of German Med. Congress*, 1882) records a case of congenital valvular disease, in which the placenta was found to be the seat of numerous extravasations. He suggests that, from these, pathological products entered the foetal circulation which excited endocarditis, and he thinks attention to the state of the placenta may throw light upon many now obscure cases of congenital heart-disease.

24. *Keller on the Headache of Adolescents*.—M. Keller (*Le Progrès Méd.*, 1882, No. 47) has studied a form of headache occurring in young people from 11 to 16 years of age. It is frontal, painful in the true sense, not following the course of any nerves, not unilateral or accompanied by gastric symptoms, produced by intellectual exertion, and cured by methodical hydrotherapeutic means. This form of headache was pointed out to the author by M. Charcot some years ago. M. Keller considers that it is dependent upon some modification of nutrition in relation with the process of growth. The disease probably disappears after this period of life has passed, but the author cannot speak positively on this point.

ROBERT SAUNDBY, M.D.

25. *Grazzi on Ménière's Disease*.—Grazzi (*Gazz. degli Ospitali*, Dec. 10 and 13) confines the term Ménière's disease to cases characterised by considerable deafness, loud noises in the ears, and giddiness, due to disease of the semicircular canals; and he combats the view of the younger Ménière, that in some cases the lesion may be, not in the semicircular canals, but in the root of origin of the auditory nerve. In addition to the symptoms above-named, there are others not less important—nausea or vomiting, loss of consciousness during a severe attack, and profuse perspirations. The deafness, however, is a constant symptom; the others may be more or less transitory. The treatment is a modification of that recommended by Charcot in 1875. He gave from seven to fifteen grains of sulphate of quinine daily for two months and a half. The author gives a pill containing one and a half grains of valerianate of quinine and one-third of a grain of extract of aconite; at first every six hours, then every eight hours, and afterwards twice a day for an indefinite period. At the commencement of the treatment the noises are worse, but after a few days great amelioration takes place.

26. *Petrone on Solid Pneumonia*.—The author states (*Lo Sperimentale*, Nov. 1882) that solid pneumonia was established as a separate variety of pneumonia by M. Grancher in 1878 (*Gaz. Méd. de Paris*). Six cases are recorded here: one by the author, the others by Grancher, Brissaud, Beaumann, and Leroux. In physical signs, the cases counterfeit pleurisy with large effusion. There are absolute dullness, and total extinction of vocal fremitus, of vocal resonance, and of respiratory sounds. After death the bronchi are found filled with a solid, fibrinous, and sometimes fibrillated material, like diphtheritic membrane, slightly adherent to the mucous membrane. The diagnosis is more or less uncertain. But in cases of doubt an exploratory puncture may, owing to its harmlessness, always be tried. Although many cases have been recorded (as M. Grancher has recognised) by clinical and by pathological observers this variety of pneumonia has not yet found its way into the text-books. WILLIAM R. HUGGARD, M.D.

London Med. Rec.

OBSTETRICS AND GYNÆCOLOGY.

RECENT PAPERS.

1. CANEVA. A Proposal for the Radical Cure of Complete Prolapse of the Womb. (*Gazz. degli Ospitali*, Dec. 22, 1882.)

2. CANTILENA.—Pilocarpin in Puerperal Eclampsia. (*Lo Sperimentale*, Oct. 1882.)

3. PICCININI.—Assafetida as an Aid to Better Development of the Fœtus. (*Tenth Congress of the Ital. Med. Assoc.*)

4. HARLOW, A.—Crying of the Fœtus in Utero. (*Canada Med. Record*, Nov. 1882.)

5. HINDING.—Placenta Prævia. (*Ugeskrift for Læger*, 1882, No. 9.)

6. PAGGI, ADOLFO.—Complete Extirpation of the Cancerous Uterus. (*Lo Sperimentale*, Nov. 1882.)

7. RINGER AND MURRELL.—Amenorrhœa. (*Lancet*, Jan. 6, 1883.)

8. SALIN.—Spontaneous Rupture of the Uterus. (*Hygiea*, 1882; *Sv. Läkarsällskap. Förhandl.*, p. 56.)

9. KUBASSOFF.—Double Uterus and Vagina diagnosed during Life. (*Medic. Westnik*.)

10. CASARINI.—Iodoform in some Affections of the Uterus (*Tenth Congress of the Ital. Med. Assoc.*)

1. *Caneva on the Radical Cure of Complete Prolapse of the Womb.*—The author, Dr. Caneva, of Milan, details (*Gazz. degli Ospitali*) an operation he has recently successfully performed for complete prolapse. The idea is to provide a new suspensory ligament for the prolapsed organ. The operation is as follows. The uterus is held by a sound firmly in contact with the anterior wall of the abdomen. A vertical incision about three inches long, and extending to within two inches of the pubes, is made over the body of the organ, and carried through the linea alba till the peritoneum is exposed. The tissues are to be dissected off this membrane, which is then to be connected by suture with the uterus. Before closing the wound, the sound should be relaxed to see that all is right. The cut surfaces are then brought together, the peritoneum being included in the sutures. A rigid antiseptis is adopted. Dr. Caneva has performed this operation once, and it was a brilliant success. At first, the pressure on the bladder gave rise to some inconvenience, but this soon subsided. An elastic cushion should be worn to protect the organ in its more exposed situation.

WILLIAM R. HUGGARD, M.D.

2. *Cantilena on Pilocarpin in Puerperal Eclampsia.*—The author narrates a case to which he was called in consultation. The woman, a primipara, was confined in the morning, but was unconscious with attacks of eclampsia. During the latter part of gestation she had been ill, had slight œdema of the extremities, and albuminous urine. Leeches had been applied to the mastoid processes, bromide of potassium given by the mouth and by rectum, and the ice-cap applied to the head. Dr. Cantilena gave little hopes of recovery, but suggested the trial of pilocarpin by hypodermic injection. The first injection of two centigrammes of the chlorohydrate was given in the evening, the second five hours afterwards. Abundant perspiration and salivation, with marked general improvement, ensued. The injection was repeated twice on the succeeding day. The woman made a perfect recovery.

G. D'ARCY ADAMS, M.D.

3. *Piccinini on Assafetida as an Aid to the Better Development of the Fœtus.*—The author refers to the works of Laferta and Professor Giordano, and the

recent writings of Cazzani on this subject. He states that he can confirm their conclusions as to the good effect of assafetida, having administered the drug with great advantage in several cases. In the discussion which took place on his paper, in which many gynæcologists took part, all agreed in attributing to assafetida the property of preventing abortion, especially where there was no taint of syphilis; over which it has no influence. *Land. Med. Record*

4. *Harlow on Crying of the Fœtus in Utero.*—Called to a lady aged 40 in her fifth labour, Dr. Harlow found the bag of waters formed, and in a short time they ruptured. Head presentation. While the head was still engaged in the superior strait, the child made two audible screams that could be plainly heard in any part of the room. The child continued to cry at intervals during its passage through the pelvis. On visiting the mother next day, Dr. Harlow found that 'the child first commenced crying four weeks before it was born, and kept it up at intervals till its birth, since which time it has not cried at all.' The patient was at first alarmed, but became used to it.

5. *Hinding on Central Placenta Prævia.*—The patient was delivered of her second child by Dr. Hinding on June 20, 1881, on account of complete placenta prævia (central). She was at the lowest ebb from loss of blood. Towards the end of the year she again became pregnant, and on June 19, 1882, labour set in with great flooding. For the second time there was complete placenta prævia centralis. She was delivered by turning and recovered. Both children died. [This case supports the theory that placenta prævia is not altogether an accidental condition, but depends upon some irregularity in the conformation of the uterus.]

6. *Paggi on Complete Extirpation of the Uterus.*—The patient, Filomena Brogi, aged 45, was the subject of epithelioma of the cervix uteri with infiltration in the left vaginal cul-de-sac. Dr. Paggi removed the entire uterus through the vagina. The patient died thirty-two hours after the operation. Dr. Paggi thinks the patient did not rally from the shock of the operation. Although the result proved fatal, he is quite satisfied with the vaginal method, and will resort to it again.

7. *Ringer and Murrell on Amenorrhœa.*—Drs. Ringer and Murrell have for some time made extensive trial of permanganate of potash as an emmenagogue in those cases of amenorrhœa resulting from some trivial cause, such as getting wet or catching cold. In their experimental observations they gave the one drug only. The most striking results were in young women between the ages of eighteen and twenty-five, who had missed two or three periods. The administration of one or two grains of permanganate of potash in pill three or four times a day for a few days before the time of the expected period will bring on the flow almost to a certainty. As a rule, the medicine must be taken three or four days successively to call out the catamenia.

8. *Salin on Spontaneous Rupture of the Uterus.*—The patient, aged 33, secundipara, healthy, previous labour normal, went into labour, and when examined the os uteri was found only sufficiently dilated to admit one finger. She died three days from the onset of labour. *Post mortem* examination revealed a rupture at the fundus uteri, through which the ovum had escaped intact into the peritoneum. The fœtus was eight months old. Microscopic examination of the uterine tissues displayed no pathological changes.

FANCOURT BARNES, M.D.

9. *Kubassoff on a Case of Double Uterus and Vagina, diagnosed during Life.*—In the *Medizinski Westnik*, Dr. Kubassoff, of St. Petersburg, describes the case of a patient under his care, the subject of this monstrosity. She was a young woman, 24 years of age, well-nourished and well-formed, and had been married six months when she first consulted him for relief from irregular menstruation and dyspareunia. On examination, the orifice of the urethra was found to be unusually near to the clitoris, and somewhat to the right of the median line; the commissures of the labia were well developed, but the frenulum and the fossa navicularis were wanting. From above the urethral opening, and a little to the left, a thick fold of skin passed backwards to its posterior attachment to the posterior commissure, and laterally this fold was continuous with a hymen covering, on each side, a vaginal orifice. The right hymen had been freely ruptured, the left was intact and was ring-shaped (Hymen fimbriatus, Luschka); the finger could only be introduced with difficulty; the left constrictor vaginae alone appeared to be contractile. The right vagina was capacious and smooth; the right cervix inclined to the left, and its os externum was round and narrow, but admitted the sound, which passed into the cavity of the uterus to the distance of seven centimetres. The left vagina was narrower, with distinct rugae; the left cervix was also conical, and turned to the left; the os externum was very small, admitting with difficulty a special fine sound for six centimetres. When both sounds were introduced into the uteri, they were found to lie farther from each other the higher they were passed. On rectal and bimanual palpation two uterine bodies, separated by a cleft, were detected. The right uterus was the larger, and was bent forwards and to the right. The uteri menstruated separately. Before marriage, the patient had menstruated regularly from the age of 17, at intervals of four full weeks; since marriage, severe menorrhagia had set in. A sister of the patient, married for nineteen years, is sterile; a second sister died of postpartum hæmorrhage, after sixteen years of sterility with dysmenorrhœa.

ALBAN DORAN.

10. *Casarini on Iodoform in some Affections of the Uterus.*—Prof. Casarini says that iodoform is most useful in cancer of the neck of the womb. He uses it in suppositories, fifty centigrammes with cacao-butter, in powder, and with glycerine. Under its use he has seen the pains diminish, the discharge lessen, the hæmorrhage become less severe, and the abdominal tension disappear. He also employs it largely in simple ulcerations of the cervix.

PATHOLOGY.

RECENT PAPERS.

1. FORMAD.—The Tubercle-Bacillus. (*Phil. Med. Times*, Nov. 18, 1882.)
2. MARCHIAFAVA AND CELLI.—The Tubercle-Bacillus. (*Gazz. degli Ospit.*, Oct. 29, 1882.)
3. RIEGEL.—The Influence of Acute Nephritis on the Heart and Vessels. (*Berlin. Klin. Woch.*, Nov. 23 and 24, 1882.)
4. AUFRECHT.—On Contracting Kidney. (*Centraltb. für die Med. Wiss.*, 1882.)
5. LEPINE.—The Mechanism of Dyscrasial Albuminuria. (*Lyon Méd.*, Nov. 26, 1882.)

6. NEGRI AND PINOLINI.—Contributions to the Study of the Special Bacillus of Tubercle. (*Lo Sperimentale*, Aug. 1882.)

7. KALANTARIANZ.—A Contribution to the Study of the Morbid Anatomy of the Solar and Hypogastric Plexus in Peritonitis and Typhoid Fever. (*St. Petersburg Inaug. Dissertation*, 1881.)

1. *Formad on the Tubercle-Bacillus.*—Formad (*Phil. Med. Times*, Nov. 18, 1882, *Canadian Jour. of Med. Sci.*, Dec. 1882) states it broadly as a fact, that there is a special anatomical peculiarity in every tubercular or scrofulous subject—man or animal—whether the diathesis be inherited or acquired. His statement is based upon and verified by hundreds of dissections (1,000 of animals alone) of men and animals, normal and pathological. The anatomical peculiarity observed is this: the organs supposed to be concerned in the production of white blood-corpuscles are disproportionately large relatively to the size of the animal, and there exists a narrowness of the lymph-spaces (connective tissue) and their partial obliteration by cellular elements. Only beings possessing such anomalous structure of the connective tissue have primary tuberculosis; and such invariably become tubercular from any injury resulting in inflammation (damage). This condition may be acquired by malnutrition and confinement. Inflammation (damage) is a necessary starting-point of tuberculosis even in those predisposed. No inflammation, no tuberculosis. Non-scrofulous animals may acquire tubercular disease through injuries of serous membranes, peritoneum, pleura, &c. The presence of the bacilli is secondary, and the tubercular tissue is a suitable nidus for their growth. As soon as the tubercular tissue undergoes complete change, degeneration, and softening, the bacilli, as Koch admits, disappear. Koch's view of giant-cells being mere special capsules of the bacilli is altogether a mistake. His assertion that the bacillus tuberculosis differs from other bacilli morphologically and in its behaviour to staining fluids, Formad and Bodamer have failed to confirm. Wood and Formad, in their numerous experiments, have observed that bacteria may acquire special morphological and physiological features in culture. In making his experiments, Koch injected his culture fluids into any part indiscriminately in scrofulous animals (rabbits and guinea pigs); and in non-scrofulous animals (dogs, rats, and cats), he injected them only into the peritoneum or anterior chamber of the eye, where, we know from old experience, any irritation may create tuberculosis. The presence of the bacilli may, however, play an important rôle in phthisis, and even condition the fatal issue of the disease. They effect complete destruction of diseased tissue which, in their absence, might possibly recover. They may thus prove a true *causa mortis*, though not the veritable *causa* or *materies morbi*.

2. *Marchiafava and Celli on the Tubercle-Bacillus.*—MM. Marchiafava and Celli (*Gazz. degli Ospit.*, Oct. 29, 1882) have found Koch's bacilli in the sputa of fifteen cases of phthisis, in one case showing signs of slight congestion of the left apex, and in another with hæmoptysis without physical signs. No bacilli were found in the sputa of six cases of chronic bronchitis, one of acute bronchitis, three of pneumonia, and one of fibroid phthisis; the examination was also negative in two cases of supposed syphilitic inflammation of the lung, which im-

proved on specific treatment. In the diarrhoea of the phthisis the bacilli were present in great numbers, and could be easily distinguished from the other organisms which are always present in faeces.

3. *Riegel on the Influence of Acute Nephritis on the Heart and Vessels.*—Riegel (*Berl. Klin. Woch.*, 1882, Nos. 23 and 24) has found in most cases of acute nephritis high arterial tension and cardiac hypertrophy, these occurring in proportion to the intensity of the inflammation and the interference with the secretion of urine. He has found signs of cardiac hypertrophy a very few days after the beginning of scarlatinal nephritis. He also draws attention to the retardation of the pulse, which is often present.

4. *Aufrecht on Contracting Kidney.*—Aufrecht (*Centralblatt für die Med. Wiss.*, 1882, No. 47) has found that subcutaneous injection of cantharidin suspended in oil produces all three forms of Bright's disease in animals, as a rule, the contracting kidney occurring in those cases in which the most numerous injections were made. He maintains that the only reasonable conclusion is that the process is identical, commencing by involving the parenchyma and attacking the interstitial tissue subsequently; and he observes that this identity in the pathological process by no means impugns the differences which exist in the kinds of nephritis met with in men, which depend upon quite different etiological processes; it is only the pathogenetic process which is the same.

5. *Lepine on the Mechanism of Dyscrasial Albuminuria.*—Dr. R. Lepine (*Lyon Méd.*, Nov. 26, 1882) draws attention to the curious circumstances proved by Estelle and Faveret, that serum, albumen, or globulin separated from the blood-serum, when injected into the veins of an animal, appears in the urine; that is to say, the particular form of albumen injected, serine or globuline, alone appears. He explains this by comparing with it the fact that blood transfused into the veins of an animal of different species, causes hæmoglobinuria, by acting to some extent as an irritant. The passage of the irritant itself instead of the ordinary blood-serum may be because the pores of the blood-vessels only open to the irritating molecules themselves. He has been able to induce albuminuria by injecting a gramme of chloride of sodium for each kilogramme of body-weight of the animal, so that a very slight dyscrasia suffices.

ROBERT SAUNDY, M.D.

6. *Negri and Pinolini on the Special Bacillus of Tubercle.*—The authors believe that Koch's system of double colouring is unnecessary. They describe the following plan as easy and quick, and as fulfilling every purpose for diagnosis. A cover-glass is spread very thinly and uniformly with the material, allowed to dry in the air, then held over the flame of a spirit lamp until it is slightly browned; it is then to be washed in water and afterwards in benzine, floated with spectrum downwards on a filtered solution of phenylamin (1 in 30, the limit of its solubility). To this solution is added methyl-violet or fuchsin, or other colour of anilin and methyl base in concentrated solution in alcohol. The glass is to be left for a few minutes until it appears well coloured. It is then taken out and dried, and the excess of liquid removed by bibulous paper. The bacilli may be rendered more visible by washing with a very fine jet of alcohol at 20° C. (68° F.), to which has been added a small quantity of sulphuric acid. The cover-glass may then be fixed temporarily on the slide by two

little india-rubber rings, so avoiding the inconvenience of rendering the organisms less visible by immersion in a refracting medium. Koch's method of double colouring takes much longer and does not give better results. The authors have modified his process thus. The cover-glass, prepared as before, is immersed in a very dilute alkaline solution of methyl-blue, allowed to remain from five to ten hours, or until the material is seen to be strongly tinted, then dipped in distilled water and washed with a concentrated filtered solution of vesuvin, submerged for half an hour, dried and fixed temporarily as before.

The authors maintain that the micro-organisms are only stained on the surface and not penetrated by the colour. When their paper was written they had not seen Ehrlich's method (*vide* Heron, *British Med. Jour.*, Oct. 14). They have since tried it and find it very successful. Gelatine and glycerine are better than Canada balsam for mounting the preparation. Balsam dissolves the colouring matter and forms an opaque mass, and the bacilli, losing their colour and having nearly the same refracting power as the balsam, are not so easily seen. Binioid of mercury, which has a much greater refracting power than the bacilli, and which does not dissolve the colouring matter, always gives very good results.

Drs. Negri and Pinolini describe five forms of the bacillus, which are probably different stages of development: (1) the rods of Koch, the two forms of Baumgarten; (2) with rounded extremities; (3) figure of eight; (4) a shorter and wider—almost oval form; (5) chains of spherical bodies, most frequently met with in the sputa. All forms occur most abundantly in the sputa, fewer in grey tubercle, and fewest of all in caseous tubercle. The reproduction of the bacillus, as in its congeners, is probably effected in two ways, by spores and by division. With the highest powers the authors have never been able to find a *flagellum*, such as exists in many bacilli and bacteria. To exclude the ordinary micro-organisms of putrefaction, the pieces of tubercular lung to be examined were put as soon as possible in carbolic or alcohol; the sputa covered with alcohol in a bottle previously washed in carbolic. The expectoration was collected after the patients had fasted eight hours, and they were made to wash their mouths with water before spitting. These precautions were useful, as shown by the general absence of *Leptothrix buccalis*. They were able to diagnose the presence of the disease from the bacilli in the sputa, the diagnosis being afterwards confirmed by the clinical examination.

G. D'ARCY ADAMS, M.D.

7. *Kalantarianz on Changes of the Solar and Hypogastric Plexus in Peritonitis and Typhoid Fever.*—Dr. Kalantarianz (*St. Petersb. Inaug. Dissertation*, 1881) examined microscopically the condition of the solar and hypogastric plexus in eight cases of peritonitis and five of enteric fever, and found that both in the latter and in acute cases of the former disease there are constantly present morbid changes in the ganglia, which point to the development of an acute interstitial inflammatory process, with subsequent 'opaque swelling' of the parenchyma of the nerve-cells and their ultimate fatty degeneration, brown pigmentation, and atrophy. In the chronic forms of peritonitis the alterations consisted chiefly (1) in simple and degenerative atrophy of the ganglionic cells, which very often were found entirely disintegrated and transformed into 'mere accumulations of

an amorphous pigmentary matter,' and (2) in increase and sclerosis of the ganglionic connective tissue.
V. IDELSON, M.D.

REVIEWS.

Medical Diagnosis: a Manual of Clinical Methods.

By J. GRAHAM BROWN, M.D. Edinburgh: Bell and Bradfute. London: Simpkin, Marshall, and Co. 1882.

OF books on Medical Diagnosis, or Royal Roads to the Knowledge of Medicine, there seems to be no end; but among them the work before us ought to take a high rank. It may be a matter of question how much value to attribute to works of this kind. *Medical Diagnosis*, of course, is a very large part of the study of medicine, and is both quantitatively and qualitatively of commanding importance. It may be difficult, therefore, to many to understand how this many-sided subject can be advantageously compressed into a small handbook, sufficient compression being perhaps already brought to bear in even the best and largest text-books on medicine which enrich our libraries. But whether or not a thorough and permanently sound knowledge of medicine, of a kind fit to be tested in actual practice, is much furthered by condensed manuals of diagnosis, founded on typical cases, it will certainly be allowed that for examination purposes these books are of great use. We observe in this work a point, and, we think, an error, which has often struck us before in works presumably written for the purpose of aiding students and practitioners in the art of finding out what is the matter with a patient, viz.: the arrangement of the material on a plan similar to that of treatises on systematic medicine. Thus we have the diagnostic details of such of the chief 'systems' of the body treated separately, though many of the symptoms may be common to disorders of more than one of these systems. It must be remembered that even the bodily systems have an artificial side to their existence; and though this arrangement must be adopted more or less for clearness sake in regular treatises, yet there seems less reason to adhere to it when attacking disease exclusively from the diagnostic side. The proper method here is to take the *symptom*, and trace it up to its most probable cause.

Owing, perhaps, to this arrangement, we fail to find at all prominently the symptoms of *dyspnoea* as pointing to possible heart-disease. There is a kind of tacit assumption that the student before he begins his work at a given case has a preliminary knowledge of the system at fault, whether respiratory, auscultatory, or otherwise. In a really practical work on diagnosis, we should expect to find under the prominent heading of such a common and variously-caused symptom as '*Dyspnoea*' some attention called to the important ætiological position of valvular disease of the heart.

The excellences of this book are many. There is evidence of wide knowledge on the part of the author, and of knowledge well brought up to time. This is especially obvious in the chapters on the circulatory and respiratory systems. We observe that in Chapter VIII., p. 76, attention is called to the capillary pulsation observed in the line of congestion caused by drawing a pointed instrument, or the finger-nail, across the skin in cases of aortic disease. This phenomenon has especially been in-

sisted on at the Edinburgh school; it is certainly of frequent occurrence, and may sometimes be of diagnostic value. It is not noticed in most writings on the subject.

The author's remarks on the auscultation of the chest are clear and good, and especially to be commended as discountenancing an exuberant terminology in this department—a fertile source of misconception, and of misleading reports of cases.

In the part referring to the nervous system, the helps to diagnosis are carefully set forth. Due weight is given to the diagnostic importance of electricity as often tending to throw light on the nature of nervous affections. It is to be regretted that the 'knee-phenomenon' should be unhesitatingly put down as a 'reflex' in such a recent work as this, especially in view of the important physiological and clinical facts which appear to negative the view. On one more statement under this heading we must venture to throw doubt. Can it be taught justifiably to students that 'ataxia' is 'most usually associated with normal or even exaggerated muscular power'? Several authorities on the subject would throw doubt even on the *normality* of muscular power in these cases; it would, indeed, be difficult in any instance to prove, at any rate, the latter part of this statement, and we think we are right in saying that general experience does not endorse it.

With the exception of a few other instances of somewhat over dogmatic statements of doubtful points, or idiosyncratic teachings, such as that an increase of phosphate in the urine is often useful in the differential diagnosis of 'meningitis' (? cerebral or spinal), the book is replete with careful teaching and clear exposition, and will certainly be found to discharge well both the functions of a strong crutch to the examinee and a useful walking-stick to the intelligent student and practitioner of medicine. For a small book devoted to diagnosis alone, we could not point to its equal. H. DONKIN, M.B.

The International Encyclopædia of Surgery: a Systematic Treatise on the Theory and Practice of Surgery. By Authors of Various Nations. Edited by John Ashhurst, jun., M.D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated by Chromo-lithographs and Woodcuts. Vol. II. London: Macmillan. 1882.

As an encyclopædia is supposed to contain everything that is known concerning its subject, but at the same time cannot be expected to include purely original matter, a great deal of charity is necessary on the part of the critic. For different contributors vary in their ideas concerning necessary information that they feel they must publish, and valueless matter that they believe they should withhold; and so much that is original appears every year in publications where originality is more or less essential, that, in the course of the long period necessary for the preparation of a large work of reference, many original papers are made public when it is too late for quotation in its pages. In the particular case of the *International Encyclopædia*, the editor has done his utmost with regard to completeness, and wherever there is any want of new facts, the error lies with the contributor. The second volume, far better illustrated than the first, includes a highly valuable series of monographs on venereal disease. '*Gonorrhœa*' is by Dr. J. W. White, of the Philadelphia Hospital; '*The Simple Venereal Ulcer or Chancroid*' is the heading of a contribution by Dr. F.

R. Sturgis, a great authority in New York on the social and scientific aspects of venereal disorders; 'Syphilis' is undertaken by Dr. A. Van Harlingen, of Philadelphia; and 'Bubon d'Emblée, Venereal Warts or Vegetations, Pseudo-Venereal Affections and Venereal Diseases in the Lower Animals,' by Dr. H. R. Wharton, of Philadelphia, includes a very useful summary of past and current opinions on yaws, sibbens, radesyge, scherlievo, and other remarkable affections of uncertain nature and highly localised geographical distribution. These papers are improved by copious references to original works, some of as late date as 1881. This volume also includes a valuable contribution on 'The Antiseptic Method of Treating Wounds,' by Mr. Watson Cheyne, whose claims to authority on that subject are universally known and recognised. A paper by Dr. Packard on 'Poisoned Wounds' includes much interesting material gathered from the newest sources. Two articles are devoted to wounds received from cutting and thrusting weapons, and from projectiles; the passages on arrow-wounds contain very interesting information; and the 'Surgery of Gunshot-Wounds' forms the subject of an article by Dr. Connor, of Cincinnati, who has made use of the very rich material found in certain well-known treasuries for which the profession is indebted to the indefatigable industry of American army surgeons, encouraged by the liberality of the United States military authorities.

Mr. Bryant, of Guy's Hospital, contributes an interesting article on 'Wounds,' including their pathology, and an historical as well as clinical account of different modes of dressing; Mr. Marsh has undertaken the subject of 'Abscesses.' Unavoidable repetition of certain questions, such as drainage, antiseptics, &c., is, of course, frequent in the Encyclopædia, nor can any reasonable person object to a work of this kind on that score. In making any reference to any one article, the personality of the author can never be overlooked, and to strike out his opinion on any subject because it is discussed elsewhere by another contributor would greatly mar the value of his labours, and therefore of the entire work. The management of an encyclopædia should be, as it is in this case, a kind of intelligent feudalism, where the lord or author of each article is ever a vassal of the editor, and liable to curtailment at the will of the latter, but where the author must have, at least, supreme command of what is actually left standing, claiming the serfage of any part of a general question that must be included in his particular domain, as well as according a kind of sackage to absolutely new and more or less unsettled questions, which the author cannot either command nor reject. In short, it is unfair to take a cursory glance through the whole volume and find fault, because there are frequent repetitions, and because the newest opinions and researches are sometimes dismissed after mere reference to their sources. The genuine employers of such an encyclopædia will look for one subject at a time, and prefer to find all appertaining to the subject included in one article; and we think that, in this case, they will not be disappointed.

The subjects included in this second volume, besides those mentioned above, are 'Contusions,' 'The Effects of Heat,' 'The Effects of Cold,' 'Ulcers,' 'Gangrene and Gangrenous Diseases' (a remarkably valuable paper by Dr. Moore, Professor of Surgery in the University of Buffalo, adorned by

two chromo-lithographs of high merit); 'Surgical Diseases of the Skin,' 'Diseases of the Cellular Tissue,' and 'Injuries and Diseases of the Bursæ.' It is clearly impossible for us to give even a passing notice of each of the above papers in our limited space, but in every case the author has done his duty. Dr. Ashhurst may be congratulated on having enriched medical literature with a most valuable work of reference as regards this volume alone, and we have given our reasons why he should be commended for the principles on which he has conducted his editorial duties.

ALBAN DORAN.

NEW INVENTIONS.

A WAISTCOAT-POCKET AURAL REFLECTOR AND SET OF SPECULA.

IN comparison with some more favourably situated organs, such as the eye and the skin, the ear is placed at a disadvantage, inasmuch as it usually requires for the diagnosis even of its more common diseases the use of certain instruments. It is therefore of importance that these instruments should be made as simple and portable as possible. A great step in advance in this direction was undoubtedly made when Von Tröltzsch introduced into general use the aural speculum and concave reflector, by means of which an ear can be inspected either with daylight or with artificial light. Under the direction of Mr. Cresswell Baber, Surgeon to the Brighton and Sussex Throat and Ear Dispensary, Messrs. Millikin and Down, of St. Thomas's Street Borough, have modified these so as to render them still more portable. The reflector (Fig. 1., reduced in size) consists of two circular

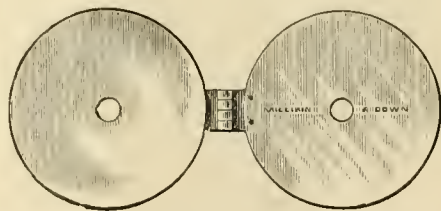


FIG. 1.

mirrors, each $2\frac{3}{8}$ inches (about $6\frac{1}{2}$ centimetres) in diameter, and firmly jointed together at the edge, so that when folded their reflecting surfaces come into contact. One mirror is made of glass and is concave, having a focal length of $5\frac{1}{2}$ inches; the other is nickel-plated and plane. Both have a central circular aperture. With the concave mirror, the ear may be examined either with ordinary daylight or with artificial light, whilst with the plane mirror sunlight may be reflected into the ear. The focal length of the concave mirror is purposely made rather long, in order that it may also serve for an examination of the nasal cavities from the front, and for throwing light into the fauces in inspecting that region. With this reflector, and a bent hair-pin to draw out the ala of the nose, a very fair inspection of the nasal cavities can be made. The nest of specula (Fig. 2, natural size) consists of three, made of silver, fitting accurately one into the other. They are shorter than those in common use (measuring 3 centimetres— $1\frac{1}{4}$ inch—in length), and are made as light as possible. The smaller ends of

the specimen measure respectively about 6 by 7, 5 by 6, and 4 by 5 millimetres in diameter. The largest specimen, measuring at its broad end 17 by 18 millimetres in diameter, is fitted with a cap, which is

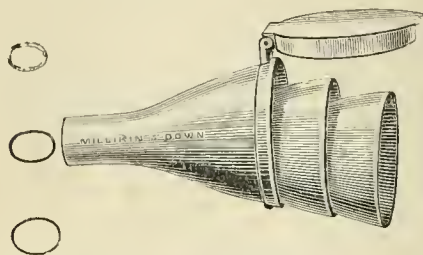


FIG. 2.

preferably jointed on to the flatter side of the speculum, and not to the end of the oval, as shown in the figure. The shortness of the specula does not interfere, Mr. Baber has found, in any way with their practical utility; although, of course, they afford less leverage for moving them in the ear than the ordinary specula. With these two small instruments in his pocket, the practitioner can, at a moment's notice, inspect an auditory canal and gain important information as to the state of a patient's ear. Mr. Baber remarks that others, no doubt, like himself, have frequently been requested to look at a person's ear, as he or she was suffering from earache or deafness. Instead of deferring the examination to a future period, with these instruments at hand the auditory canal can be immediately examined, and the case prescribed for on rational principles. If, for instance, the meatus be occluded with cerumen, instillations of a solution of bicarbonate of soda can be ordered, which will facilitate its removal with the syringe at the next visit; if the meatus be filled with pus, directions can be given to syringe the ear with warm water; if the meatus be clean, and the membrane show signs of acute inflammation, or of inflammation in the drum-cavity, the immediate application of a leech in front of the tragus will probably be of great benefit; and any other instruments likely to be required, such as the Politzer bag or paracentesis needle, can be brought at a subsequent visit. Dr. Baber points out that without multiplying instances, it is self-evident that, especially in acute cases, such as are met with in general practice, the earlier a case is examined, the more successful and satisfactory the treatment is likely to be.

DIETETIC NOVELTIES.

ITALIAN WINES.

THE failure of the French vineyards through the ravages of phylloxera, and the fact that France is obliged to import immense quantities of wines from neighbouring countries to eke out her demands, are now matters of notoriety; and already attempts have been made to import the wines in question direct to this country in their original condition, instead of passing them through the hands of French wine-makers; it is, however, too early as yet to speak with any authority of them. Attention has been recently paid to the importation of Italian light wines with a view to their replacing the French clarets and white wines which, it is evident, are not now received in

this country in the pure condition in which they formerly reached us.

Messrs. W. M. Nichols and Co., 9A Great St. Helen's, E.C., have brought under our notice some samples of Italian wines, which appear well calculated to hold their own against any of French make. One to which our attention was particularly called, which competes in price with the cheapest French clarets, is a red wine from the Lombardy district. It differs slightly in flavour from claret, and it certainly possesses rather more body than the French wine of similar quality, whilst the importers are prepared to guarantee its absolute purity. Another red wine of Piedmontese growth, named Barolo, is rich and full bodied and of the Burgundy character, with which it compares most favourably in price. The importers state that all these wines mature very rapidly in bottle. A white wine from the Venetian district, called Trebbiano, bottled five years, price 36s. per dozen, possesses a delicate and rather unique flavour, and may well rank as a dessert wine amongst those persons who like the lighter varieties for after-dinner use. Messrs. Nichols and Co. have a variety of other wines, both from the districts already named and other parts of Italy, which seem destined to take a good position amongst the light wines now in general consumption.

MISCELLANY.

PASTEUR ON RABIES.—M. Pasteur is at present engaged in the study of Hydrophobia. The results of his recent observations (made in concert with three other physiologists) have just been communicated to the Paris Academy. *Inter alia*, it is found that all the forms of rabies proceed from the same virus, and one may pass experimentally from one form to another. The character probably depends on where in the nervous system the virus is localised. In the saliva the virus is associated with various microbes or small organisms, and inoculation with the liquid may cause three kinds of death—that from the microbe, that from large production of pus, and that by rabies. The *medulla oblongata* (or link between the brain and spinal cord) in a person that has died of rabies is always virulent, and the virus is also found throughout or in a part of the brain, and (of equal strength) in the spinal cord. The virulence persists so long as putrefaction has not set in. Rabies may be developed surely and quickly either by trepanation and inoculating the surface of the brain, or by injection into the veins; the disease manifests itself in six, eight, or ten days. Rabies produced by intravenous injection is often very different in character from that given by bite or trepanation. In intravenous inoculation the spinal cord seems to be first attacked. Inoculation with rabid saliva or blood, by intravenous injection, where not proving fatal, does not necessarily preserve from rabies and death after a fresh inoculation of pure rabid matter. Spontaneous cure of rabies sometimes occurred after only the first rabid symptoms were developed, never after the acute symptoms appeared. Sometimes, long after the date of disappearance of the first symptoms (two months), acute symptoms occurred, and were followed by death. M. Pasteur now has four dogs which cannot take rabies, however inoculated and whatever the strength of the matter. He is at present unable to say whether they are preserved by having had the disease mildly and recovered, or by being naturally refractory (if that be a possible case). In the course of this investigation inoculations to the extent of more than 200 were performed on dogs, rabbits, and sheep.

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'It seems needful to explain in a few words the circumstances under which this pamphlet comes to be published. I have, for several years past, been frequently appealed to, by all sorts of people, on all sorts of occasions, for a statement of the facts which would enable them to answer the strong assertions of a certain class of agitators who describe themselves as anti-vaccinators. These gentlemen are so very persistent in their agitation, and so elaborately wrong in their statistics and arguments, that it has really become a matter of no small difficulty for a technically untrained person to examine their figures or test their allegations.

'On the occasion of two of the most recent Parliamentary elections, I was hurriedly applied to by candidates for references to the sources from which to answer their anti-vaccinating persecutors. Members of Parliament and magistrates are, indeed, often at their wits' ends to know where to find the true facts which these gentlemen delight to misrepresent.

'I have, of course, been able to refer enquirers to the standard works on the subject, and to the Registrar-General's statistics: but a need evidently exists for some concise statement of the merits of vaccination, which will obviate the necessity of individual research into the evidence in its favour. As a matter of fact, I have not been able to refer my enquirers to any such statement, and it seemed to me, therefore, that there would be great advantage in the truth about vaccination being placed before the public in a handy and readily accessible form, so as to supply the materials for an answer to the numerous objections of the anti-vaccinators. Under these circumstances I consented, at the request of the National Health Society, to deliver a public lecture on the subject. This lecture was given at the Hall of the Society of Arts, on Jan. 27 last, and is now, in compliance with very numerous requests, printed (with considerable additions) in the present pamphlet.'

SYNOPSIS.

CHAPTER I.

SMALL-POX UNCONTROLLED BY VACCINATION.

Introduction.—Anti-vaccination tactics—Perversions and inaccuracies of anti-vaccination tracts—Small-pox in its natural state, uncontrolled by vaccination—Amongst remote communities—Among the Indians—In civilised Europe—In England—In royal and noble families—After effects of non-fatal attacks of small-pox—Macaulay's description of ravages of small-pox in seventeenth century—Introduction of inoculation and of vaccination—What vaccination is: Jenner's opinion—Power of vaccination in influencing small-pox—Modifying power of vaccination—Statistical evidence of the different degrees in which persons vaccinated in different ways will be safe against death by small-pox.

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OBJECTIONS TO VACCINATION.

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SUMMARY OF CONCLUSIONS.

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- Letter of the Local Government Board on the subject of repeated vaccination prosecutions.
- Table I. Small-pox mortality in England and Wales.
- Table II. Annual mortality from small-pox in England and Wales, with the proportion of deaths to population and to total mortality, from 1838 to 1877 inclusive.
- Table III. Small-pox mortality in England and Wales at various groups of ages in each of the thirty-two years, 1847-78.
- Table IV. Cases and deaths from small-pox amongst the British troops serving in the United Kingdom for 18 years (1859-76).
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